

Medical Imagery

Moth-eaten alopecia in secondary syphilis



A young man presented to the hospital with a 1-month history of multiple patches of alopecia over the scalp and erythematous macules with scales on his palmoplantar and genital area. He recalled an unsafe sexual behavior 3 months ago. Physical examination revealed multiple irregular, poorly defined, non-scarring patches of alopecia with moth-eaten appearance over the occipital and temporal scalp (Figure 1A). Numbers of erythematous

macules with prominent desquamation scattered on both palms and soles. Erythema with fine scales was found on the genitals.

The patient was clinically ascertained to have secondary syphilis, which was further confirmed by a positive result of *Treponema pallidum* haemagglutination assay (TPHA) test and a rapid plasma reagin (RPR) titer of 1:64. The patient received an intramuscular injection of 2.4 MIU of benzathine penicillin G, and the lesions resolved completely with regrowth of hair at 3-month follow-up (Figure 1B).

Alopecia is relatively uncommon in the clinical spectrum of secondary syphilis and is regarded as a specific immune response to the spirochete antigens in hair follicles. The “moth-eaten” alopecia is the most common pattern and is considered pathognomonic for secondary syphilis (Costa et al., 2018). The syphilitic alopecia typically resolves with routine antibiotic therapy in 8–12 weeks (Piraccini et al., 2015).

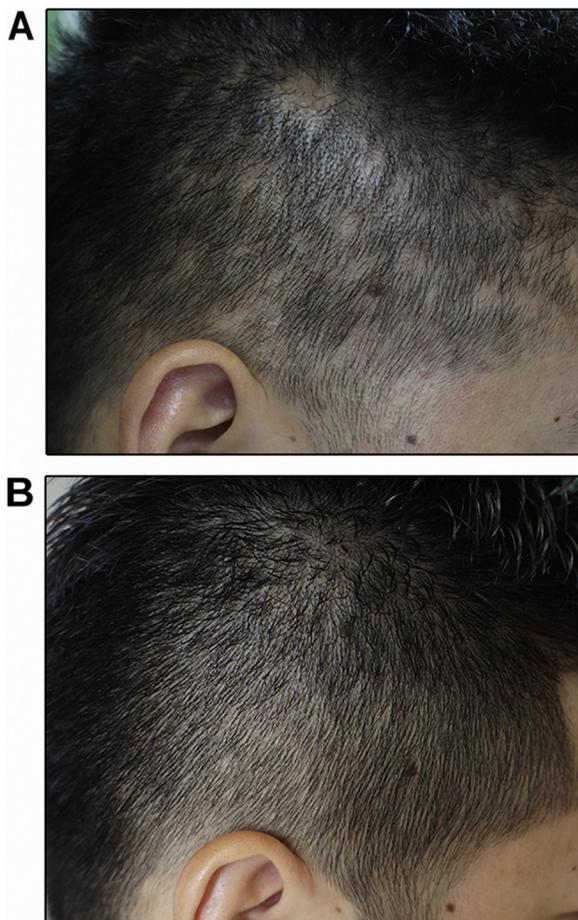


Figure 1. Temporal aspect of the scalp of the patient. (A) Clinical photograph of the patient before initial treatment, presenting with multiple patches of alopecia on the scalp; (B) The hair regrew completely at 3-month follow-up.

Conflict of interest

None reported.

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References

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