

## Visual Diagnosis in Emergency Medicine

### HEY, CAN YOU SEE THIS PATIENT FROM FAST TRACK?

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#### CASE REPORT

A 22-year-old man with intellectual disability presented to the emergency department (ED) with scalp and groin lesions. He had been seen previously for the groin problem, diagnosed with syphilis, and treated with doxycycline; mupirocin; azithromycin; and valacyclovir, as penicillin G was unavailable. The patient did not take his prescribed medications and was seen in the ED for various minor complaints without mentioning the worsening severity of the lesions. On examination, several round ulcerated scalp lesions were noted, as well as near-circumferential

malodorous, ulcerated lesions on the shaft of the penis with associated edema (Figures 1 and 2).

#### DISCUSSION

The patient was started on broad-spectrum antibiotics and admitted to the hospital. The penile and scalp lesions were thought most likely to be chancroid and syphilis, respectively. He missed his follow-up infectious diseases appointments, but was seen months later in the ED for a minor ankle injury.



Figure 1. Scalp lesion due to syphilis.



Figure 2. Circumferential penile lesion due to syphilis with a superimposed chancroid infection.

Chancroid, caused by *Haemophilus ducreyi*, had 7 cases reported to the Centers for Disease Control and Prevention in 2017 (1). It generally presents as multiple painful genital ulcers with an erythematous base with associated lymphadenitis. Chancroid can be treated with single-dose azithromycin 1 g and ceftriaxone 250 mg intramuscular (2,3). Multi-dose ciprofloxacin is an alternative.

There were 30,644 cases of syphilis in 2017 (1). Primary syphilis is characterized by a painless chancre with a raised, indurated margin that appears at the exposure site with lymphadenopathy (4). Secondary syphilis can have broad and varied manifestations. Penicillin is the preferred treatment, with doxycycline as an alternative (3,5).

## REFERENCES

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