“MUTILATING” BEJEL*

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Bejel, the endemic form of syphilis found in Iraq, parts of Syria, and the adjoining countries, is regarded as a treponematosi (Hudson, 1946). The investigators working with the WHO/UNICEF Bejel/Syphilis Project in Iraq have noted that the lesions are confined to the skin, mucous membranes, and bones, although others have reported cardiovascular and neurological changes (Akrawi, 1949).

Manson-Bahr (1941) stated that the syphilis in Africa was on the whole a mild form “known elsewhere as Arab syphilis or bejel”. The following case cannot substantiate this statement; it shows clinically the gross destruction of the tissue that this “malignant” form of tertiary bejel can manifest.

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Case Report

The patient, Ali, was found in a mud hut in the village of Safaina (Iraq), where he had been confined for 8 of his 16 years.

Previous History.—He had contracted bejel at the age of 4 years. For the last 8 years a gummatous process had been extending, giving the present clinical appearance. For 5 of the 8 years, the boy has only been able to distinguish light from dark.

Clinical Appearance (Figs 1, 2, and 3)

Face.—A nodular-ulcerative type of gumma occupied the centre of the face with complete destruction of the nose, nasal septum, and lips, exposing the gums and teeth. This gumma had extended on to the gums, which resulted in the baring of the roots of the teeth, giving a “fang-like” appearance.

FIG. 1

FIG. 2

From the periphery of the ulceration to the hair line, the normal skin had been replaced by non-contractile scar tissue. Scattered in this scar tissue were islands of active nodular gummata.

The scar tissue had covered the eyes and was on the same plane as the scar tissue of the forehead and cheek, giving the impression that there was total absence of the orbits. It was possible, however, to see the levator palpebrae superioris contracting under the scar tissue. The mouth was permanently open because of the traction of the lower jaw to the chest wall by scar tissue, and because of this fixation there was also dorsiflexion of the cervical spine.

Trunk.—The skin of the chest wall and upper abdomen, extending around to the scapular line on the right side, was replaced by scar tissue. At the periphery of this scar tissue was a large active nodular gumma 12" long and 2" wide, which extended upwards over the right shoulder.

Limbs.—The left tibia showed the sabre appearance of osteoperiostitis.

Laboratory Investigations.—

Blood Serology—V.D.R.L. Pos 64

X Ray

Mandible—No bone change

Cervical spine—Wedging of C 4

Tibia—Cortical thickening in middle third of left tibia. No evidence of periostitis.

FIG. 3

Treatment.—The patient was given a single injection of procaine penicillin with aluminium monostearate (P.A.M.) 8 ml. (2.4 mega units). When re-visited 2 weeks later it was noted that all the active gummatous lesions had healed. There was, however, a secondary infection around the gums.

The boy is now in the Royal Hospital, Baghdad, under the care of the Professor of Surgery. It is hoped that the scar tissue anchoring his jaw to his chest can be excised thus enabling him to close his mouth and at a later date an attempt at some form of plastic repair will be made on the scar tissue covering his eyes.

Comment

Even in advanced cases of tertiary bejel, the clinical response to the single “shot” of P.A.M. is dramatic, as demonstrated in the above case. The routine treatment administered by the WHO/ UNICEF Bejel/Syphilis Project in Iraq in different clinical types of bejel (with the exception of those suffering from an osteoperiostitis when the quantity is 8 ml.) is 4 ml. PAM in a single injection.

Without exception, in all cases treated and followed up, the same clinical response has been noted.

REFERENCES

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