CHANCRE REDUX*

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If a person with primary syphilis is untreated, or is inadequately treated, the chancre heals up but may subsequently recur weeks or months later. *T. pallidum* can be demonstrated in the recurrent lesion which is termed chancre redux (monorecitive). Chancre redux must be distinguished from pseudo-chancres which are a gumma arising at the site of the original chancre of the primary stage (Stokes, Beerman, and Ingraham, 1944). *T. pallidum* cannot be found in pseudo-chancres and there is rarely any enlargement of the associated lymph glands. Chancre redux is seldom seen at the present time and the following case history may therefore be of interest.

Case Report

An unmarried male was seen on August 8, 1963, at the Seamen's Dispensary, Liverpool, with lesions on the penis and scrotum of 2 weeks' duration. He was referred from Walton Prison where he had been confined in a single cell since March, 1963; he denied any homosexual exposure whilst in prison. An indurated, non-tender ulcer was present on the prepuce and there were squamous lesions on the scrotum. Enlarged, rubbery glands were felt in both groins. Dark-field examination of serum from the penile lesion revealed *T. pallidum* and the serum tests were positive (Wassermann reaction 1 in 64 and Meinicke reaction).

The patient admitted exposure with a prostitute in Liverpool 7 months previously, and stated that 2 weeks later a penile sore developed which had healed in a further

2 weeks without treatment. The original sore occupied the same site as the later ulcer and a diagnosis of chancre redux with secondary lesions on the scrotum was made. Daily injections of 600,000 units PAM (total 9 mega units) were commenced on August 8 and the lesions had healed by August 25. The serum reactions were still positive on September 24 (Wassermann 1 in 32), but the man has not been available for further surveillance.

Summary

A case of chancre redux is described in which *T. pallidum* was recovered from the penile lesion. The condition must be differentiated from pseudo-chancres which are a gumma developing at the site of the original chancre of the primary stage. *T. pallidum* cannot be found in pseudo-chancres and there is rarely any enlargement of the associated lymph glands.

REFERENCE

Stokes, J. H., Beerman, H., and Ingraham, N. R. (1944). "Modern Clinical Syphilology", 3rd ed., p. 625. Saunders, Philadelphia.

Chancre récidivant

RÉSUMÉ

On décrit un cas de chancre récidivant sur le pénis, où fut trouvé le tréponème pâle.

On doit différencier cette condition de celle du pseudo-chancres récidivant, qui est une gomme se développant à l'endroit du chancre initial de la période primaire. On ne peut trouver le tréponème pâle dans le pseudo-chancres récidivant et une adénopathie satellite existe rarement.

* Short paper read at MSSVD Meeting in Dublin, May 29 and 30, 1964.