

Bony symptoms in secondary syphilis

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Summary

Aching bony pains were prominent in six of 144 cases of secondary syphilis. These pains included headache, backache, aching pains in the limbs, and chest pains. The cause of some of these pains is not clear, but it is important to recognize that secondary syphilis may present with a variety of pains.

Introduction

In the past, when syphilis was more prevalent, bone and joint symptoms and signs were well recognized (Hutchinson, 1887; Fournier, 1906; Stokes, Beerman, and Ingraham, 1944). Since the introduction of penicillin, reports on bone or joint involvement have mainly concerned individual cases. Two leading articles (*British Medical Journal*, 1972, 1975) drew attention to the variable manifestations of secondary syphilis, the latter describing aching pains in the long bones, muscles, and joints. Six men with secondary syphilis in whom aching pains were prominent, who were seen at the West London Hospital from 1972-74, form the subject of this report.

Case reports

Case 1 (Waugh, 1972) A homosexual labourer aged 25 years complained of low backache, worse at night. After 2 weeks the backache had ceased and a generalized eruption developed.

Examination There was a maculo-papular rash with squamous eruptions on the penis and scrotum, anal condylomata lata, pharyngeal ulceration, and generalized lymphadenopathy.

Laboratory investigations Anal lesions, dark-field positive for *Treponema pallidum*; Venereal Disease Research Laboratory (VDRL) test positive 1 in 64; Reiter protein

complement-fixation test (RPCFT) positive; fluorescent treponemal antibody (absorbed) (FTA/ABS) test positive; erythrocyte sedimentation rate (ESR) 50 mm/1st hr. Radiograph of lumbar spine normal.

Case 2 A homosexual airline booking clerk aged 31 years, complained of persistent low backache for 10 weeks. He was seen by a rheumatologist, who noticed a rash and made a clinical diagnosis of secondary syphilis.

Examination There was a wide-spread macular eruption with bilateral inguinal lymphadenopathy.

Laboratory investigations VDRL test positive 1 in 128; RPCFT positive; FTA/ABS test positive; ESR 62 mm/1st hr. Radiographs of chest and lumbar spine normal.

Case 3 A 27-year-old heterosexual hairdresser complained of general malaise for 8 weeks, low back pain, worse at night, for 2 weeks, retrosternal pain, and severe temporal headache.

Examination There was a generalized papulosquamous eruption, cervical and inguinal lymphadenopathy, and a possible intrameatal chancre which was dark-field negative for *T. pallidum*.

Laboratory investigations VDRL test positive 1 in 16; RPCFT positive; FTA/ABS positive; ESR 33mm/1st hr. Radiographs of chest, skull, and lumbar spine normal.

Case 4 A 40-year-old homosexual clerk, who had been treated for secondary syphilis without any bony symptoms one year before, complained of generalized malaise for 2 weeks, with severe encircling chest pains and temporal headaches at a routine follow-up visit. No clinical signs were found, but when he returned for the results of the serological tests for syphilis 1 week later he had a papular eruption.

Laboratory investigations VDRL test positive 1 in 16; RPCFT positive; FTA/ABS positive (3 months previously the results had been: VDRL positive, RPCFT weakly positive); ESR 40mm/1st hr. Radiographs of chest, lumbar spine, and skull normal.

Case 5 A 40-year-old homosexual airline steward complained of weight loss of 10 lb. in 2 weeks, and gnawing nocturnal low backache when he attended for examination because a recent contact had secondary syphilis.

Examination There was a generalized macular eruption involving the palms and soles with papules on the calves and enlarged lymph nodes in the right popliteal fossa.

Laboratory investigations Anal lesions were dark-field positive for *T. pallidum*; VDRL test positive 1 in 16; TPHA test positive; FTA/ABS test positive.

Case 6 A 51-year-old homosexual electrician presented with a sub-preputial ulcer, dark-field negative for *T. pallidum*, and negative results to the VDRL and RPCF tests.

He failed to return for further examination as advised, but 1 month later he complained of retrosternal discomfort and flitting aches and pains in the chest, lumbar region, and both shins. He was examined by a general physician who excluded any recent cardiac disease but noticed a rash.

Examination There was an erythematous eruption on the face and trunk, generalized lymphadenopathy, anal condylomata lata, and tenderness over the sternum, costo-chondral joints, and both shins.

Laboratory investigations VDRL test positive 1 in 8; RPCFT positive; FTA/ABS test positive; ESR 27 mm/1st hr. Radiographs of chest, costo-chondral joints, spine, and tibiae normal.

During the period in which these six cases were seen, 144 cases of secondary syphilis were seen in men. This gives an incidence of 4.2 per cent with pains.

Discussion

An incidence of 4.2 per cent. of cases of secondary syphilis with bony pains is in keeping with earlier reports (Beardwell and Jacobs, 1969).

The cause of these pains is not clear. Fournier (1906) described periostitis and ostealgia and considered that sternalgia, a rare xiphalgia, and pleuro-

dynia all occurred in secondary syphilis. It is interesting to note that he was not able to give an exact location for the pain and, for want of a better term, called the symptom ostealgia. Stokes and others (1944) considered the term ostealgia to be the indefinitely localized bone pains of secondary syphilis for which no pathological background could be found. They stated that the leading symptomatic feature of the bone changes of early or recurrent syphilis was pain, nocturnal in character, exaggerated by heat and relieved by movement of the affected part.

Constitutional symptoms, varying from slight to severe (King and Nicol, 1975), are well recognized in secondary syphilis and these may include aching pains. Fluker (1974) drew attention to secondary syphilis presenting as an influenza-like illness with headache, aching pains in the limbs and back, and pyrexia. The patients described here illustrate the variety of pains which may occur in secondary syphilis.

References

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