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OEDEMA INDURATIVUM SYPHILITICUM

SYPHILIS PRIMARIA:

Sclerosis syphilitica et oedema indurativum.

A few days after the appearance of the chancre it is not uncommon to palpate a few hard painless cords which vary in thickness from that of a pin to that of a match and extend from the neighborhood of the chancre toward the base of the penis. They are lymphatic vessels which have become specifically indurated, plugged with agglutinated leucocytes or compressed by perilymphangitic infiltration. They disappear usually with the induration of the chancre, that is in four to six weeks. Occasionally the lymphatic involvement is so extensive that it causes considerable edema of the prepuce, which differs from an ordinary inflammatory edema however, in that it is very firm and elastic, like caoutchouc, and does not pit on pressure, its border is rather abrupt in its substance the hard lymphatic cords can often be felt, the skin over the affected area is nearly always dusky red, and the swollen tissues are painless and not at all or only slightly tender. The firm

swelling usually causes phimosis and thus completely conceals any chancre located on the inner fold of the prepuce or in the coronary sulcus. The same lesion is more common in women associated with a chancre on a labium majus. It does not differ from the indurated edema of the penis except that the thickened lymphatics can rarely be palpated owing to their less accessible position. The swelling is usually quite sluggish, persists for weeks or months and even under treatment disappears very gradually, but without leaving any traces. Although a comparatively rare accompaniment of the primary sore this peculiar form of edema, when it is well marked, is as distinctive a specific lesion as the chancre itself. Nevertheless it is not advisable to begin constitutional treatment with mercury until the diagnosis has been confirmed by the finding of *Spirochaeta pallida* or the appearance of secondary manifestations.