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SYPHILIS MACULOSA FOLLICULARIS



## SYPHILIS SECUNDARIA. Syphilis maculosa.

**Synonyms:** Roseola syphilitica; Syphiloderma maculosum, seu erythematosum.

The most common and usually the earliest form of secondary syphilitic rash is the roseola. It appears any time from four weeks to four months, usually six weeks, after the chancre. Not uncommon are prodromal symptoms, cephalalgia, sore throat, fever which may be high in debilitated individuals, and pains in the long bones coming on peculiarly at night and sometimes associated with tenderness to pressure. The evolution of the rash may be sudden or gradual extending over several days. The efflorescences are sometimes exceedingly faint and then can be rendered more distinct by exposing the patient to the cold. When they are scanty the abdomen, flanks and flexor surfaces of the arms are areas most apt to be involved. The rash usually starts in the umbilical region and becomes rapidly general and profuse. The macules are usually discrete, (syphilis maculosa follicularis) but not infrequently when the rash is abundant the efflorescences are so crowded that they coalesce, not to form patches but rather an open network which gives the skin a mottled appearance (syphilis maculosa confluens). The eruption is a hyperemia and in early stages the lesions disappear entirely under pressure, later a faint brownish stain persists. The duration of the rash is from one week to three months; the macules fade or develop into papules.

When they disappear some brownish yellow pigmentation may be left. Usually there is no desquamation, except where the macules have shown a tendency to become papular, as upon the palms and soles. Relapses may be met with as late as the end of the first year. In the recurrent rash the macules are usually more scanty and larger and sometimes tend to annular configuration. The rash itself causes no subjective symptoms. **DIAGNOSIS:** The macular eruption is nearly always associated with other syphilitic manifestations, pains in the joints, falling of the hair, erythema of the pharynx, mucous patches in the mouth, moist papules at the angles of the lips or about the anus and genitals, and enlargement of the lymphatic glands, detected by palpating the superficial sets, the inguinal, posterior auricular, occipital, submaxillary, anterior and posterior cervical, axillary and epitrochlear. When the period of second incubation was short the chancre may be still present. *Measles* is to be differentiated by its catarrhal symptoms, fever, blotchy character of the rash especially on the face, and the different manner of its evolution. The *drug rashes* which follow the ingestion of copaiba, cubebis and belladonna may closely resemble the syphilitic roseola, but as a rule are much more vivid, quite itchy, and of short duration. **TREATMENT:** Mercury in full doses causes rapid disappearance of the eruption and usually prevents recurrences.