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**SYPHILIS GUMMOSA**



## SYPHILIS TERTIARIA

**Syphilis gummosa.** Synonyms: **Syphiloderma gummatosum; Gumma; Syphiloma.**

Gummata of the skin appear most commonly three or four years after the chancre. They may occur precociously as early as the sixth month, and then probably indicate a grave form of the disease. They are found on any region. Favorite locations are the forehead, flexor surfaces of the arms, the legs, over the sternum and clavicle and about the genitalia. A gumma starts as a pea-sized spherical or flat nodule or area of infiltration in the subcutaneous tissue, and slowly increases in size with only moderate projection above the surface. At first it is firm, but later soft and doughy or even fluctuating. The skin becomes reddened, infiltrated and softened. The gumma may be absorbed, but usually the skin ruptures and the sticky contents are discharged with the formation of a deep, sharply margined, sloughing ulcer. Healing seldom occurs spontaneously. Usually the ulcer persists and grows larger while the gummatous process extends and invades contiguous tissues. When a gumma develops over a bone it is often associated with underlying periostitis or osteitis. The scars of healed gummata are depressed and adherent to deeper structures. The whole process is usually painless, though the diseased tissues may be quite tender. **DIAGNOSIS:** The history or concomitant signs of syphilis often

aid in the diagnosis. The gumma is usually much more rapid in its development than the sebaceous, fatty or fibroid tumors with which it might be confused. The gummatous ulcer may be distinguished from *epithelioma* sometimes by its localization and the absence of the rolled, sinuous, telangiectatic, waxy edge. Moreover, the epithelioma begins as an outgrowth or a scaling patch not as an infiltration. In some cases a therapeutic test, microscopic examination or serodiagnostic reaction is necessary to settle the diagnosis. The same may be said in regard to the differentiation of the common *varicose ulcer*, though usually the latter may be distinguished by its shallowness, irregular shape, shelving edge and wide margin of brown or dark red, brawny, scaling and infiltrated skin, and the presence of varicose veins. Multiple ulcers or soft scars of healed ulcers suggest syphilis. **TREATMENT:** In addition to the administration of mercury and potassium iodid, certain local treatment may be employed to hasten the healing of a gummatous ulcer. It should be kept clean with a one to two thousand solution of mercuric chlorid, and a wet dressing of black wash may be applied, or a plaster of five to ten per cent. ammoniated mercury. Dusting with calomel, or with iodoform if there is much offensive discharge, is also a proper procedure.