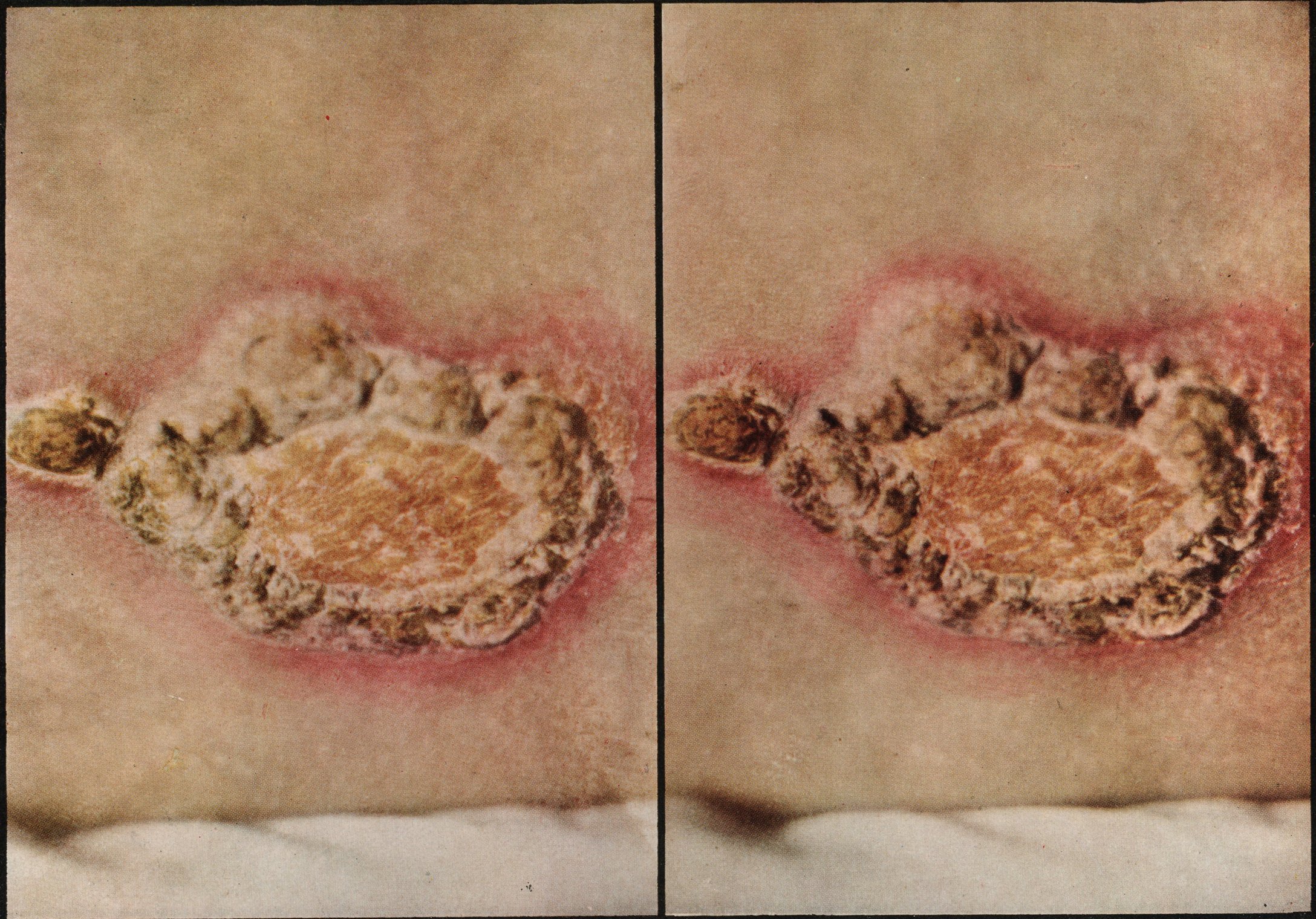

SYPHILIS PUSTULO-CRUSTOSA

SYPHILIS TERTIARIA

Syphilis pustulo-crustosa. Synonyms: Rupia syphilitica; Ecthyma syphiliticum.

The large crusted lesions of the pustular syphilid are termed pustulo-crustaceous. They occur in the late secondary and in the tertiary periods of syphilis. A tendency to conspicuous crust formation may be seen sometimes in a more or less general, symmetrical late secondary rash, but often the lesions are localized and asymmetrical, with a disposition for circinate grouping and for peripheral or serpiginous growth, sometimes associated with a tubercular syphiloderm and often persistent when untreated, all of which characters entitle them to be classified among the tertiary syphilids. When such a rash occurs early in the disease it probably indicates a grave form of syphilis, and the large pustulo-crustaceous lesions are more likely to appear at any time in debilitated and anemic individuals. Their favorite localities are the scalp, face, extremities and genitalia. The evolution is usually slow and unaccompanied by fever. The individual lesions vary from one-quarter to one and a half inches or more in diameter. The crusts are yellowish brown, brown or greenish, usually thick and uneven, and either friable or tough. The crust may entirely cover the lesion, though often the peripheral portion is not concealed, but appears beyond the crust as an ulcerated margin or as a papular base of a dusky or coppery red. Removal of the crust may expose either an eroded, purulent, secreting surface or a deep, punched-out, unhealthy ulcer. The eruption causes no subjective sensations. **DIAGNOSIS:** The pustulo-crustaceous syphilid usually does not resemble any non-specific lesion. *Ecthyma* is more acute and inflammatory, with an extensive, tender, hard and bright red base and areola, its crusts are less bulky and the lesions are rapidly amenable to local treatment. *Pustular eczema* also is more inflammatory and usually itches, its crusts are lighter and the surface beneath is bright red and raw looking, and never deeply ulcerated. **TREATMENT**: The superficial form is generally benign and responsive to treatment. Extensively disseminated and deep lesions may be rebellious. The patient's condition often calls for tonic supporting measures in addition to the general medication with mercury and potassium iodid. Locally, large crusts may be softened and removed, and the surface cleansed daily with a mild antiseptic lotion and dusted with calomel, or a five to ten per cent. ammoniated mercury ointment may be applied.