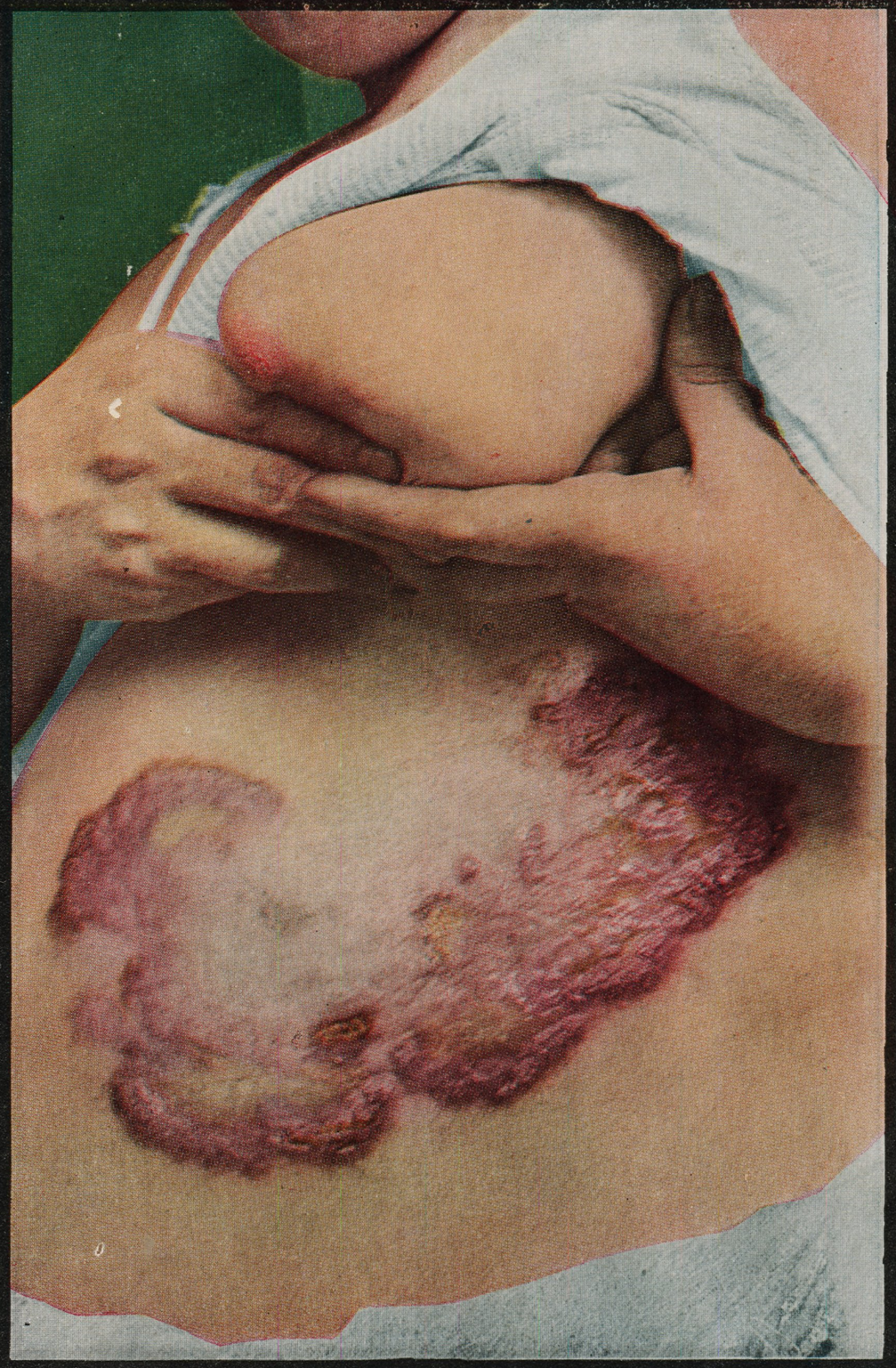

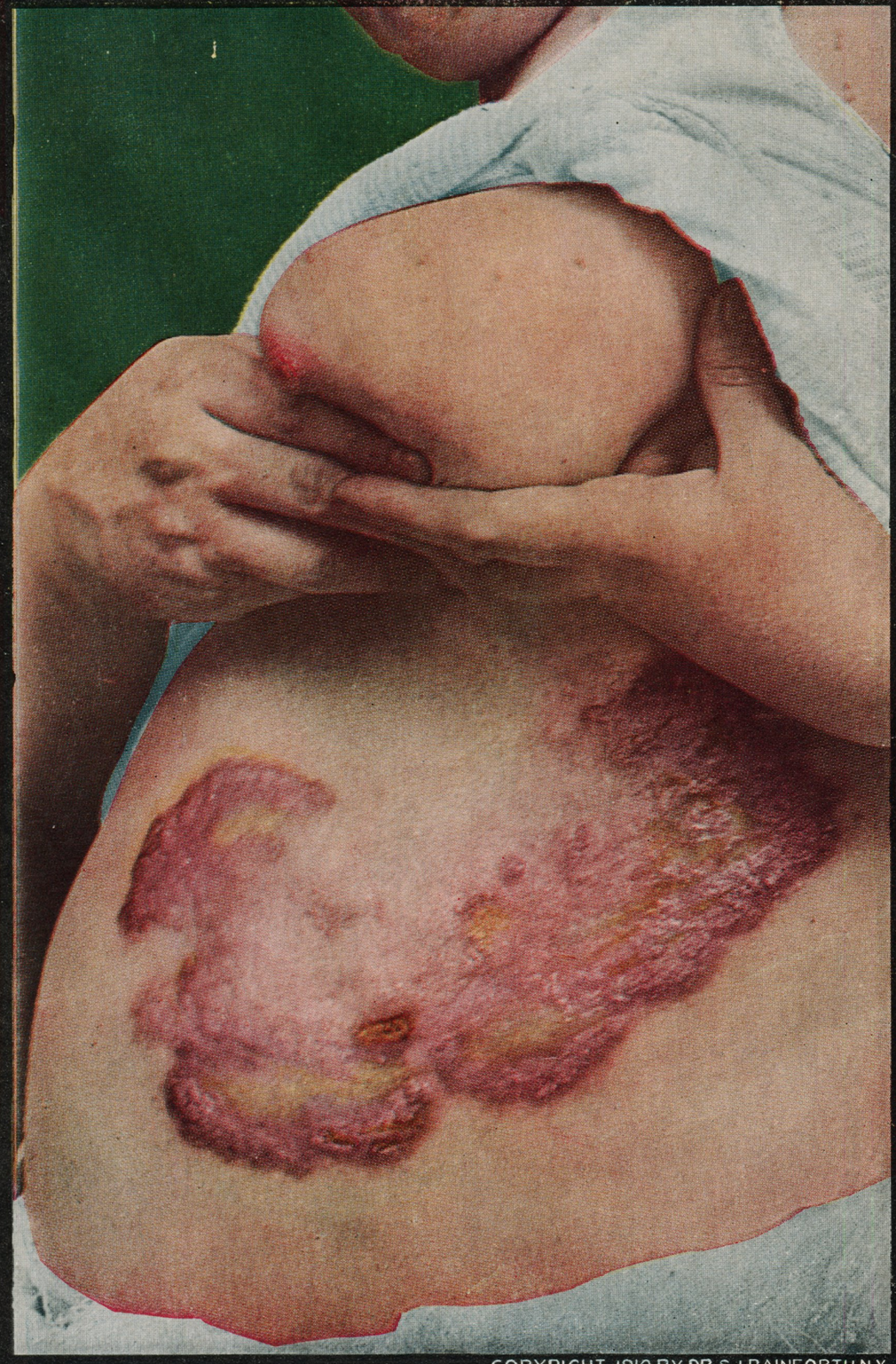

SYPHILIS TUBERO-SERPIGINOSA

SYPHILIS TERTIARIA

Syphilis tubero-serpiginosa.

The tubercular syphilid may appear from one to forty years after the onset of the disease. Individual tubercles are pinhead to hazel-nut sized nodules. Their evolution is like that of an ordinary boil, but without the signs of inflammation. They are firm, elastic, rounded, smooth or slightly scaly, brownish red protuberances. Their most peculiar and typical characteristic is a tendency to occur in segmental groups or to coalesce with the formation of circinate or serpiginous patches or tracts, and the fusion is usually so intimate that individual tubercles are no longer to be distinguished. They disappear by absorption, usually with some exfoliation of the epidermis, or break down with the formation of shallow or deep ulcers (ulcero-serpiginous syphilid). In either case there generally results more or less scarring or atrophy of the skin. Not uncommonly new tubercles continue to arise on the border of an old group or at the edge of a scar left by the involution of older tubercles, and thus a patch may grow from a fraction of an inch to four or five inches in diameter; or a serpiginous ridge or plaque of coalesced tubercles may advance by peripheral extension. This development is generally quite slow, and sometimes weeks or months go by without material change in the appearance of a lesion. There may be one or several groups of lesions on any part of the body. If any predilection exists it is for the face, especially the nose and forehead. The distribution is asymmetrical. Subjective symptoms are absent unless ulceration has taken place, when there may be slight tenderness. **DIAGNOSIS:** Confusion of the non-ulcerating tubercular syphiloderm with rosacea, leprosy, ring-worm, or tuberculosis verrucosa cutis might occur as the result of hasty and superficial examination, but the peculiar features of the tubercular syphilid, together with the history and possibly the signs of an earlier eruption, usually furnish sufficient grounds for a diagnosis without resort to a microscopic examination or therapeutic test. **TREATMENT:** Mercury and potassium iodid.