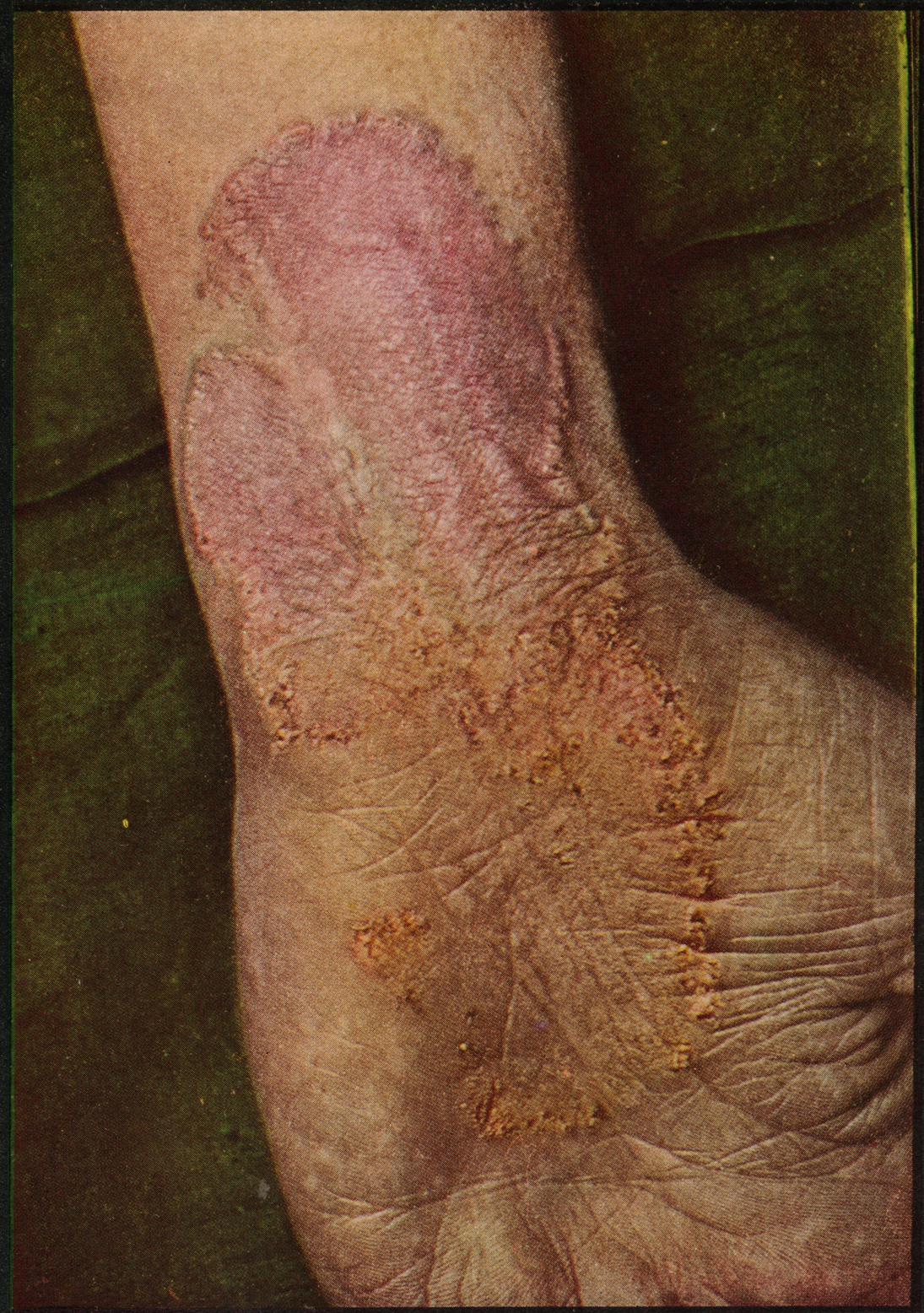

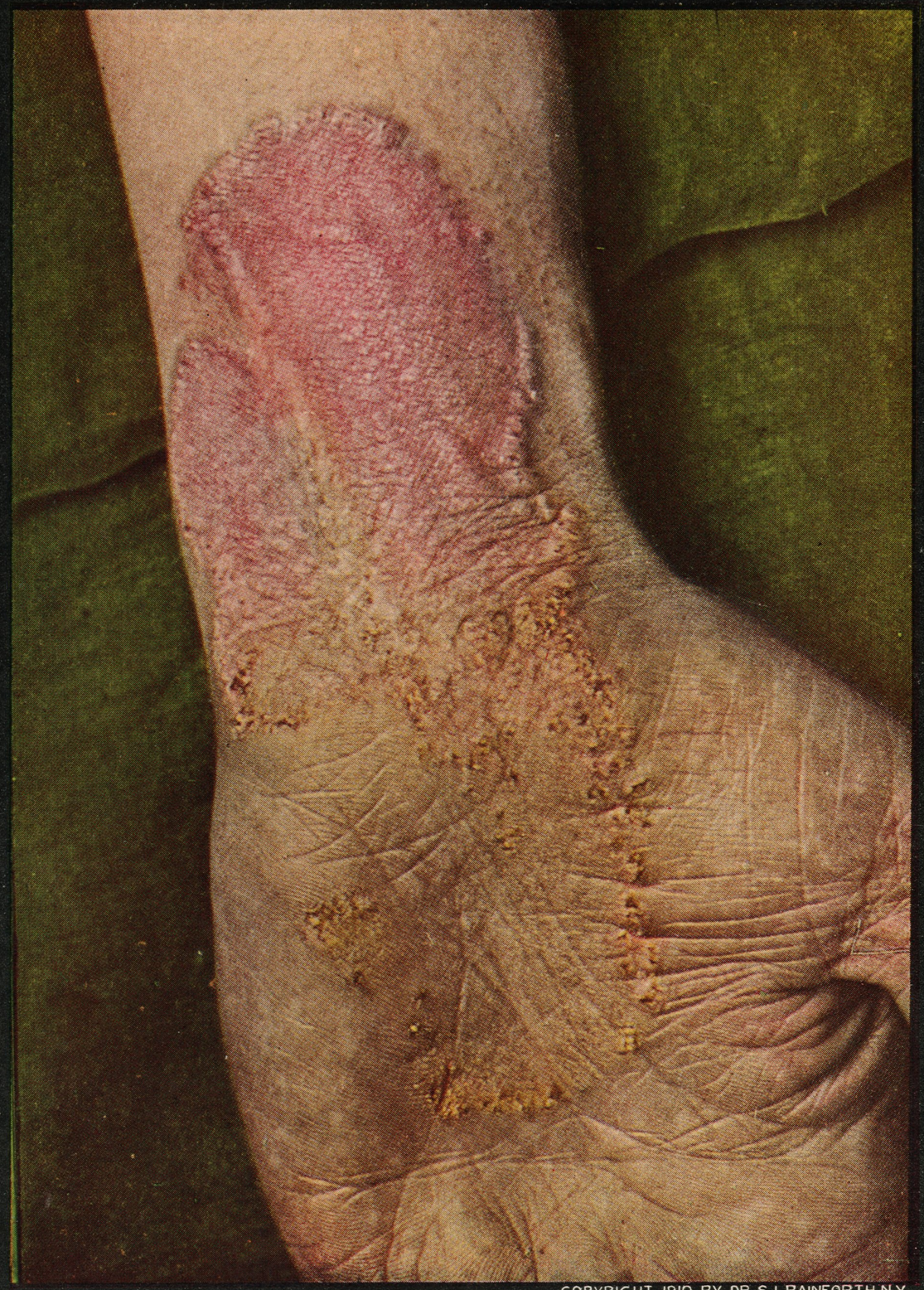

SYPHILIS TUBERO-SERPIGINOSA VOLAE MANUS

SYPHILIS TERTIARIA

Syphilis tubero-serpiginosa volae manus.

There is no line of demarcation between the papular and the tubercular serpiginous palmar syphilids. The former may occur in the first year of syphilis, the latter any time in the tertiary period. The papular form may be associated with other secondary symptoms, and is sometimes symmetrical, affecting both hands; the tubercular if it is not the only eruption, is associated with other tertiary lesions, and is much more likely to be confined to one hand. In appearance the two lesions are almost identical. The most constant and typical characteristic of the tubercular syphilid on the palm, as elsewhere, is its tendency to form serpiginous or discoid tracts or patches, but the thickness of the epidermis in this region gives rise to considerable modification in the general appearance of the lesion. Its elevation is usually very slight. There is always more or less exfoliation; when this feature is prominent we have the tuberculo-squamous syphiloderm. Occasionally the desquamating epidermis assumes the form of small, rather sharply circumscribed, warty or horny callosities which extend deeply into the thick epidermis but can be dug out, leaving little pit-like depressions. Painful fissures often form in the natural creases of the palm, but ulceration as it occurs in the tubero-serpiginous lesions in other regions is rarely seen upon the palms. The lesion spreads peripherally and clears in the center with more or less pigmentation and atrophy of the skin. It is very slow in its progress, and often remains almost stationary for an indefinite perid. The condition is usually limited to the palm and volar surfaces of the thumb and fingers, but it may creep over the edge of the palm onto the dorsal surface or upon the wrist, where it assumes the usual appearance of the elevated, ham-colored tubero-serpiginous lesions. **DIAGNOSIS:** The resemblance to *palmar eczema* is sometimes marked, but eczema is more inflammatory and less infiltrated, it itches and burns, and sometimes part of the lesion is moist. Eczema has a greater tendency to involve the fingers, especially the finger tips, and is often associated with patches on the backs of the hands or on the arms. The eczematous lesions are very rarely sharply circumscribed, practically never distinctly circinate or serpiginous in outline, and they usually attack both hands. **TREATMENT:** The early palmar syphilid is much more rebellious to treatment than the generalized rash with which it may be associated, and the late form is often extremely persistent and requires vigorous constitutional treatment with both mercury and potassium iodid, together with active local measures. When there is much thickening it is best to use a ten to tweny-five per cent. salicylic acid plaster continuously for one or two days and follow that with a mercurial plaster or repeated applications of blue ointment.