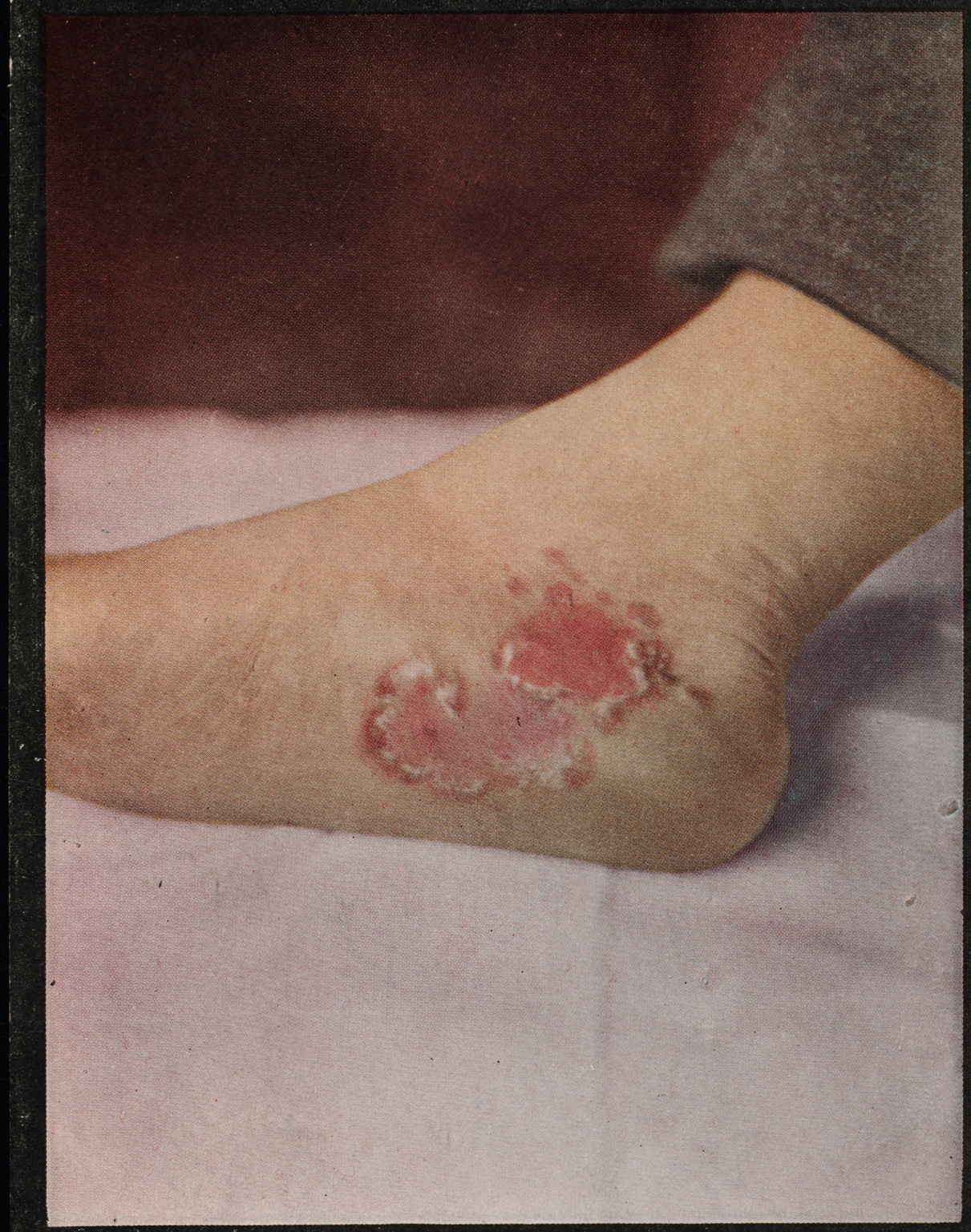

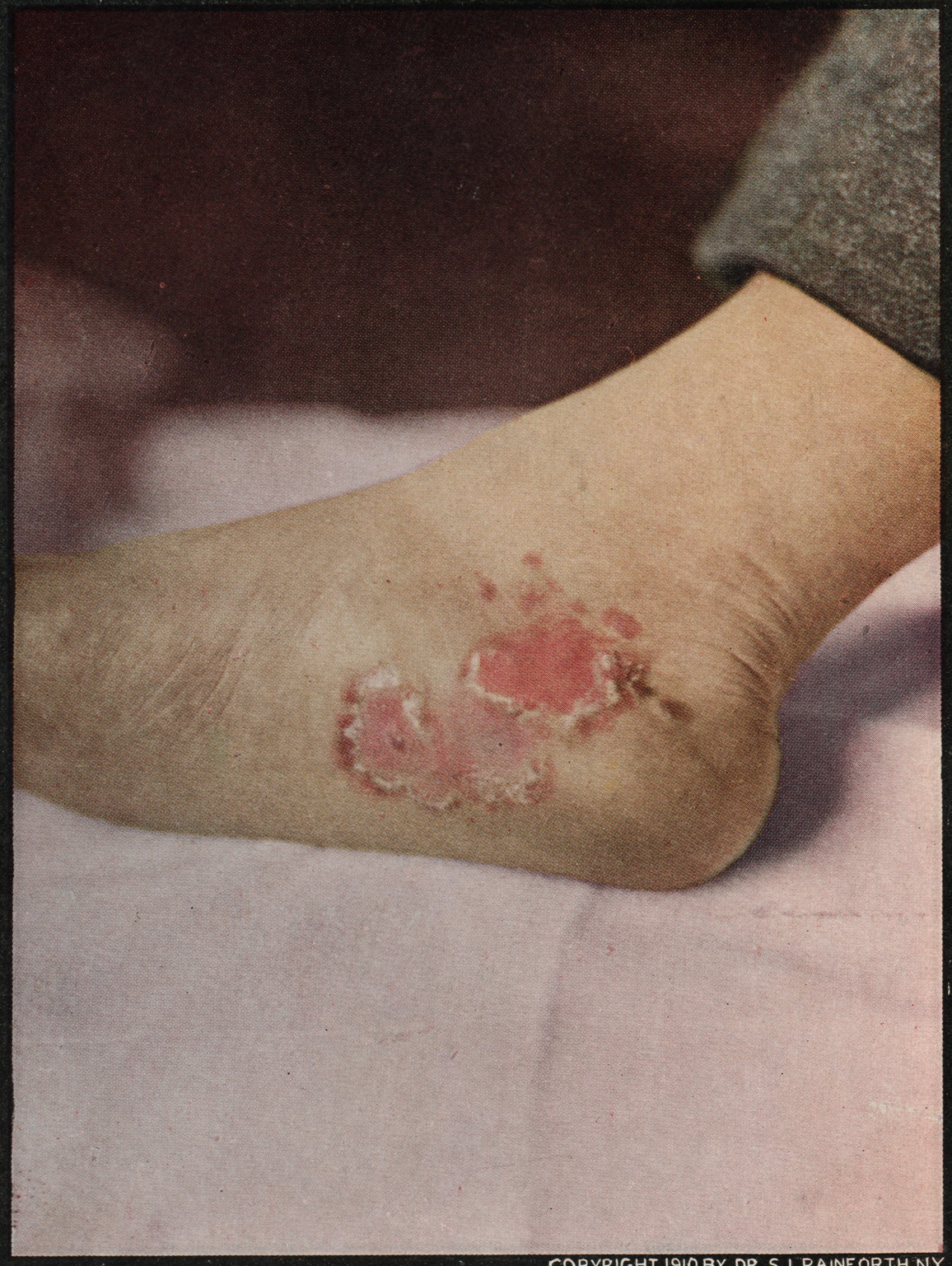

SYPHILIS TUBERO-SQUAMOSA

SYPHILIS TERTIARIA

Syphilis tubero-squamosa.

The tuberculo-squamous syphilid on the palms and soles in its onset bears a strong resemblance to the papulo-squamous lesion. It starts as a slightly raised infiltrated coppery tubercle upon which the epidermis soon becomes dry, gray and crinkled, and then detached at the middle leaving near the periphery a collar of scaling epidermis whose loose, elevated, irregular edge is directed toward the center of the lesion; the stain of the tubercle is visible beyond the line of attachment of the scales. But the tuberculo-squamous lesion is much more often unilateral and the tubercles usually coalesce to form discoid patches which spread slowly by peripheral extension. Commonly a spreading tubercle or patch clears in one sector and at the middle so as to leave a slightly elevated incomplete ring. Two or more rings often unite to form a gyrate figure. These curved ridges creep slowly over the surface. The line of scaling is preceded nearly always by a well-defined seam of reddish infiltration. The lesions show a marked tendency to creep upward onto the lateral surfaces of the foot. On the palm where a ridge crosses one of the natural creases in the skin a painful fissure is apt to form. With this exception subjective symptoms are rare. The lesion is very sluggish, and may persist with little change for months or even years. **DIAGNOSIS:** Only when the features of a tuberculo-squamous lesion are not well marked can the condition be mistaken for eczema. *Eczema* is more inflammatory, as appears from its brighter color, its subjective symptoms of itching or burning, and often from its history of oozing. While eczema of the sole is frequently associated with eczematous patches on the top of the foot, on the legs or in other regions, the plantar lesion itself rarely exhibits a tendency to spread from the sole onto the sides and dorsum of the foot. Eczema is rarely sharply circumscribed and is never distinctly circinate or serpiginous in contour; it is frequently bilateral in its distribution. **TREATMENT:** The plantar syphilid is often exceedingly rebellious and requires vigorous constitutional treatment with mercury and potassium iodid, which may be combined with such active local measures as the repeated applications of mercurial plaster or blue ointment, preceded by or alternated with the use of ten to twenty-five per cent salicylic acid plaster or salve.