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SYPHILIS ULCERO-SERPIGINOSA



## SYPHILIS TERTIARIA

### Syphilis ulcero-serpiginosa.

The ulcerative tendency of a tubercular syphilid may exist from the earliest appearance of the lesion or show itself only after a group or patch of tubercles has formed and lasted for some time. The ulceration may be deep or shallow and may attack all or only a few of the tubercular lesions, so that in some patches both tubercles, ulcers and crusts are present. There is the same disposition for segmental grouping and circinate contour that the tubercles themselves display. The ulcers travel slowly over the skin by healing and scarring at one margin and advancing at the other. The advancing edge is usually elevated and convex. The spreading ulcer may form a large arc of a circle, seldom does it form a complete ring. More often the pattern is composed of several discrete punched-out ulcers occupying the periphery of a cicatricial area. The scars are soft and at first brownish red, later white, except upon the legs, where the pigmentation may be permanent. The only subjective symptom is occasional slight tenderness. **DIAGNOSIS:** A cir-

cumscribed, soft, irregular, pale scar, with here and there the small round depressions left by individual tubercles is almost pathognomonic of syphilis. In the active syphilid the serpiginous formation, method of spread and the color, together with the history and sometimes the scars of earlier lesions, usually suffice for a positive diagnosis. *Lupous ulcers* usually start earlier in life, are superficial and incomparably slower in development, the edges are brighter red, softer and often undermined, and apple-jelly nodules are frequently to be found; the scars are more diffuse, tough and deforming. An *epitheliomatous ulcer* begins as a pimple, wart or keratotic patch, is usually a single lesion on the face, and its sharp border is almost invariably in some part typically hard, everted and waxy-looking, with dilated capillaries crossing it. **TREATMENT:** It is unusual for any except the early and superficial ulcers to heal spontaneously, although almost invariably they all respond rapidly to specific constitutional treatment with mercury and potassium iodid.