

**HIV/STD Program
STD Clinic**

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Dear Colleague,

We are writing to alert you to several recent unusual cases of syphilis in King County. Over the last 3 months, we have identified two cases of congenital syphilis and two cases of syphilis in heterosexual teens. Like other major U.S. and European cities, King County has experienced an epidemic of syphilis affecting men who have sex with men (MSM) since the mid 1990s. However, we have not identified cases of congenital syphilis or syphilis among heterosexual teens for many years. These recent cases highlight the need for clinicians to remain aware of syphilis and to test patients who present with compatible symptoms.

Both women who gave birth to babies with congenital syphilis tested negative for syphilis during the first trimesters of their pregnancies. They both subsequently developed typical symptoms of syphilis and were evaluated by multiple clinicians, but neither was initially tested for syphilis. One case was identified only after months of symptoms and referral to an infectious disease specialist, and the other was found through the Public Health partner notification program. The two cases of syphilis in teens were identified as a result of blood bank screening, but both teens had sought medical care for syphilis symptoms prior to the time of their blood donations; neither was tested for syphilis.

The occurrence of these cases is a reminder to all of us of the need to consider syphilis in the differential diagnosis of genital ulcers and body rashes. Persons with primary syphilis present with a chancre, a genital, anal or oral papule or ulcer. Syphilitic chancres are typically painless and often indurated. In the absence of treatment, chancres heal within 3-6 weeks. Four to ten weeks after the chancre heals, patients develop a systemic illness, the most prominent feature of which is usually a rash. The rash initially appears as 3-10 mm pink, red or copper colored macules on the torso and extremities. These subsequently evolve into maculopapular or papulosquamous lesions, and affect the palms or soles in 50-80% of cases. Very few other medical illnesses cause a rash on the palms and soles. While the presentation described here is typical, syphilitic rashes can be highly variable and are often mistaken for drug reactions, pityriasis rosea, psoriasis, or tinea versicolor.

More information about the clinical presentation of syphilis, including pictures of syphilitic rashes, is available at:

http://depts.washington.edu/seaptc/course_docs/evaluating_patients_for_syphilis_chart.html

Thank you for all of your hard work treating patients with sexually transmitted infections. Your efforts really do make a difference.

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