รายงานผู้ป่วย

Acquired secondary syphilis in 10-year-old boy

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A 10-year-old Thai boy attended out-patient clinic because of patchy alopecia. Acquired secondary syphilis was diagnosed after complete investigation and responded to benzathine pennicillin injections. This is the first proved acquired secondary syphilis in a child reported in Thailand.

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พรณรงค์ โชติวรรณ, ภิรมย์ กมลรัตนกุล. ซิฟิลิสในเด็ก 10 ขวบ. จุฬาลงกรณ์เวชสาร 2533 เมษายน ; 34(4) : 307-310

รายงานผู้ป่วยเด็กชายไทยอายุ 10 ขวบ 1 ราย มาโรงพยาบาลด้วยอาการผมร่วงเป็นหย่อม ๆ ตรวจเลือดพบว่ามีการติดเชื้อซิฟิลิส มีหลักฐานแสดงว่าน่าจะเป็นการติดเชื้อภายหลังคลอด แต่ไม่ทราบวิธีการติดเชื้อ ผู้ป่วยหายดีหลังจากให้ยาเพนนิซิลินชนิดฉีด ยังไม่มีรายงานผู้ป่วยวัยนี้มาก่อนในประเทศไทย

Acquired syphilis in children is relatively rare when compared with congenital syphilis. There has been no report of acquired syphilis in children in Thailand. Most of the reports were about congenital syphilis.[1-8] There are few reported cases of acquired syphilis in prepubertal children. Most cases are caused by sexual abuse. Ginsbury 1983[9] reported 3 cases in 9 to 11 years old children. White et al 1983[10] reported 6 cases of syphilis from 409 under 12-year-old cases of suspected sexual abuse. Goldenring 1989[11] reported a 10-year-old child with secondary syphilis presenting with condyloma lata. Van Niekerk et al 1985[12] reported that 2% of 1575 primary school children in South Africa got positive test for syphilis. We report a case of proved acquired secondary syphilis in 10-year-old boy presenting with patchy alopecia.

Case Report

A 10-year-old Thai boy came to out-patient department because of patchy alopecia for more than a month. He was delivered by a traditional midwife together with his twin brother. His mother did not get any antenatal care. The boy was small for date at birth but there was no evidence of congenital syphilis. The parents separated when the child was 3 years old. The boy is in primary school and stays with his mother. Four months before, he ran away from home and came back a month later on. There was no definite history of child sexual abuse. Patchy hair falling began three months after he returned. The boy has 5 elder sisters. There was no stillbirth or abortion in his family.

The boy weighed 18 kg. and was 121.5 cm. high which is much below Thai standard.[13] The chest circumference was 48.5 cm., and the body temperature was 37.2 degree celsius. He had poor mouth hygeine and no Hutchinson's teeth. The hair showed typical pathy alopecia (Fig. 1). Liver and spleen were not palpable. There was no joint swelling. Normal eyes and eye-ground was noted by an ophthalmologist.

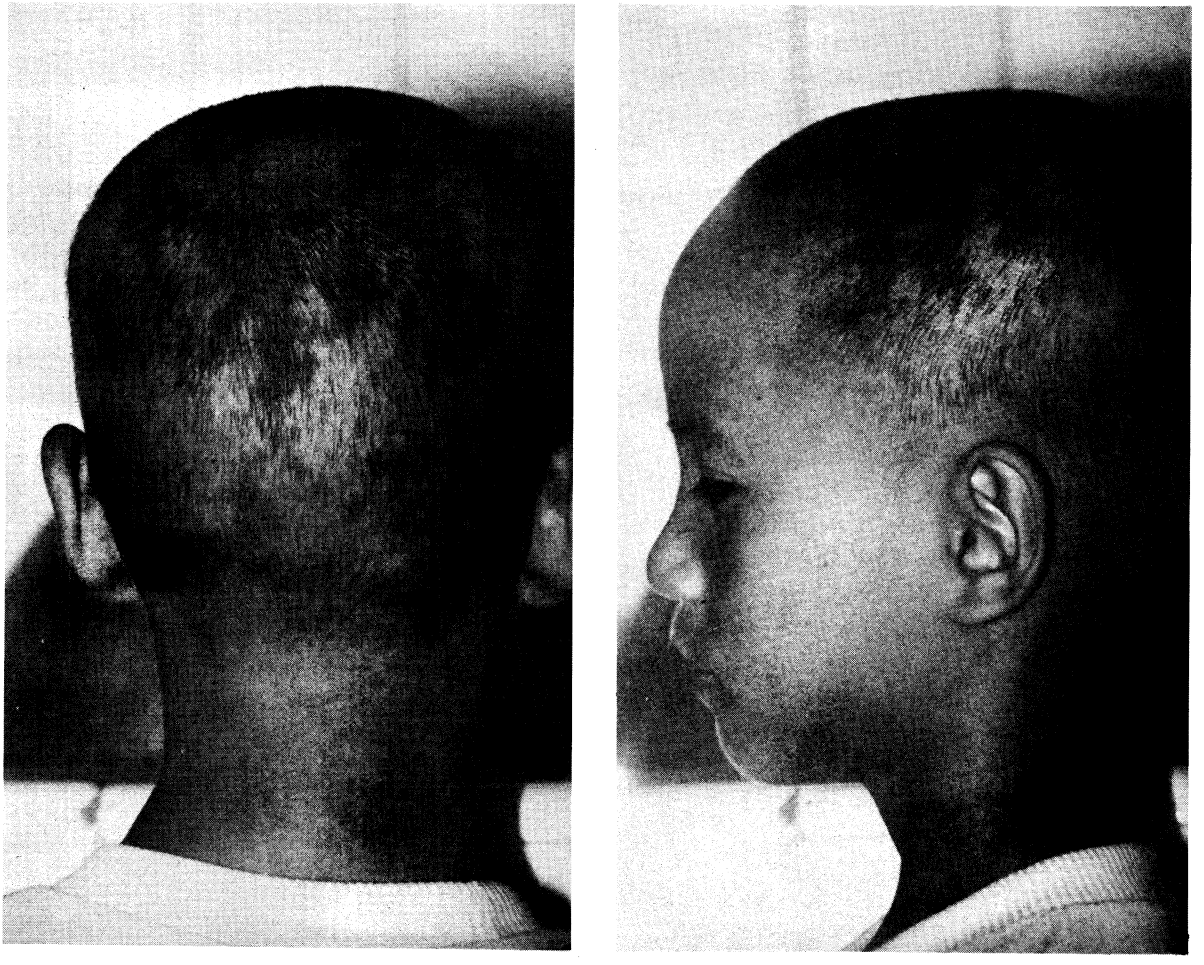

Figure 1. Shows typical patchy alopecia, presenting sign of secondary syphilis in this case.

VDRL gave reactive result but the serum was not enough for titre. TPHA and FTA - ABS was reactive but FTA - ABS (IgM) was non-reactive with normal x-ray survey of long bones and normal findings from lumbar puncture. The serum from the boy's mother and his twin brother were non-reactive for VDRL, TPHA, FTA - ABS and FTA - ABS (IgM).

Treatment with Benzathine pennicillin 1.2 million units was given weekly for 3 weeks. The hair returned to normal appearance after 3 months of treatment. VDRL remain reactive at low titre of 1:2 and TPHA also reactive at 2,4, and 6 months follow up. The patient loss follow up after that.

Discussion

Signs and symptoms of secondary syphilis in a child may be the result of either congenital or acquired syphilis. Congenital syphilis is much more common especially in a child under 2 years old. Typical evidence of congenital syphilis such as saddle nose, Hutchinson's teeth, saber-shin, tibial osteitis, Clutton's joints can be used together with history and serum examination to differentiate acquired from congenital syphilis in children.

In this case, the evidence pointed to acquired secondary syphilis because there was no evidence of infection in his mother and twin brother, and no sign of congenital syphilis. Normal eye and lumbar puncture confirmed that there was no late congenital syphilis. Physicians should be alert to the possibility that patchy alopecia in children may be a manifestation of secondary syphilis and consider doing VDRL for secondary syphilis work up.

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