High-risk male teenager with concurrent gonorrhea and syphilis infection: An alarming call

Sir,

Sexually transmitted infections (STIs) as ulcerative and nonulcerative forms are showing an increasing trend among the men having sex with men (MSM). MSM are now increasingly recognized in India as a group that is associated with increased risk for HIV-AIDS and other STIs.\(^1\) Social stigma associated with the same-sex relation is an obstacle in delivering appropriate care which leads to underreported cases of prevalence of STIs among them. They are a vulnerable group for acquiring multiple STIs due to practice of risky unprotected sex often with multiple partners.

An 18-year-old male presented to the sexually transmitted disease clinic of our hospital with a painless genital ulcer of 15 days’ duration and profuse creamy-white urethral discharge along with burning micturition for the past 3 days. The patient gave a history of multiple unprotected anal intercourses where he acted as active as well as passive agent with at least three male partners in the previous 3 months. On examination of the external genitalia, there was a single well-defined, round-to-oval-shaped, nontender, nonbleeding, indurated ulcer of size around 1.5 cm in the coronal...
nodes were enlarged bilaterally and symmetrically with tenderness over enlarged left inguinal lymph nodes. Examination of anal mucosa, oral cavity, skin, and other systems did not reveal any abnormality.

On bedside investigation with Gram staining of the urethral smear taken with sterile cotton swab under aseptic precautions, it revealed multiple intracellular as well as extracellular Gram-negative diplococci [Figure 2]. Venereal disease research laboratory titer was reactive at 1:8 dilutions and Treponema pallidum hemagglutination assay was positive which led to the diagnosis of concurrent gonorrhea and syphilis infection in this patient. HIV serology was nonreactive. Intramuscular ceftriaxone 250 mg was given first and then injection benzathine penicillin 2.4 million units after the serology reports of syphilis were positive. The patient was followed up after 2 weeks where he had no discharge and the syphilitic ulcer had almost healed [Figure 3].

STI rates among MSM are on the rise. Higher number of lifetime sex partners, high rates of partner change, unprotected sex, and anal intercourse are contributing factors for acquiring STIs. Multiple STI infections may occur concurrently. Gonorrhea and chlamydia coinfection exists most of the time, but Bala et al. in their study observed that gonorrhea and syphilis together were the most common coinfection. In another study by Choudhry et al., syphilis was found to be the most common infection to be associated with multiple STIs and it was also associated with HIV infection. This case highlights that syphilis is still prevalent nowadays, and possibility of other coinfection especially gonorrhea should be ruled out in patients with high-risk behavior like MSM. The issue of proper counseling, support, and guidance about safe sex practices among the MSM is stressed upon through this article.

Financial support and sponsorship
Nil.

Conflicts of interest
There are no conflicts of interest.

Elangbam Nelson Singh, Taniya Mehta, Puneet Bhargava
Department of Dermatology, Venereology and Leprology, SMS Medical College and Associated Groups of Hospitals, Jaipur, Rajasthan, India

Address for correspondence:
Mr. Elangbam Nelson Singh,
Sir,

Alopecia is a rare presentation of secondary syphilis affecting 2.9%–7% of the patients. [1] Moth-eaten alopecia is pathognomonic of secondary syphilis, but as a sole manifestation in the absence of other mucocutaneous findings, it becomes a challenging task to diagnose, more so in an otherwise healthy adolescent. Once diagnosed, it also requires understanding the concern of these adolescents and proper guidance.

A 13-year-old boy visited us with complaints of patchy hair loss on the scalp for the past 45 days, which was gradual in onset and slowly progressive. He was managed on the line of alopecia areata and tinea capitis by a few dermatologists before but with only partial response. On further probing, he disclosed a history of multiple unprotected homosexual encounters with a few boys of his age group. There was no history of primary chancre on the external genitalia, blood transfusion, or abuse of injectable drugs. A written informed consent was taken from the patient and his father for clinical examination and pictures. On physical examination, a few discrete patches of nonscarring alopecia were present on the temporal and parieto-occipital areas of the scalp, sizes ranging from 0.5 cm × 1 cm to 1 cm × 2 cm [Figures 1-3]. There was no scaling and crusting, and hair pull test was negative. Hairs on the rest of the body were normal. No healed scar of primary chancre and other mucocutaneous findings could be found. Lymphadenopathy was absent. Systemic examination did not reveal any abnormality. The ophthalmological, radiological, cardiological, and neurological examinations were normal. Keeping in mind differentials such as alopecia areata, trichotillomania, tinea capitis, telogen effluvium, and moth-eaten syphilitic alopecia, we proceeded with a diagnosis of secondary syphilis and treated the patient with benzylpenicillin 4.6 million units IM daily for 10 days and tetracycline 500 mg orally twice a day for 10 days. The hair growth started within 2 weeks of the start of treatment.

REFERENCES

1. Patel VV, Mayer KH, Makadon HJ. Men who have sex with men in India: A diverse population in need of medical attention. Indian J Med Res 2012;136:563-70.

2. Gurumoorthy RK, Sankar M, Vishwanath S. Co-infection of syphilis and gonorrhea: Double Venus’s curse on a homosexual male. Indian J Sex Transm Dis AIDS 2015;36:214-5.

3. Bala M, Mullick JB, Muralidhar S, Kumar J, Ramesh V. Gonorrhoea and its co-infection with other ulcerative, non-ulcerative sexually transmitted and HIV infection in a Regional STD Centre. Indian J Med Res 2011;133:346-9.

4. Choudhry S, Ramachandran VG, Das S, Bhattacharya SN, Mogha NS. Characterization of patients with multiple sexually transmitted infections: A hospital-based survey. Indian J Sex Transm Dis AIDS 2010;31:87-91.