

Syphilis and the Dermatologist



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Once upon a time, and long ago, dermatology journals included “syphilology” in their names. The first dermatologic journal published in the United States was the *American Journal of Syphilology and Dermatology*.¹ In October 1882 the *Journal of Cutaneous and Venereal Diseases* appeared and subsequently renamed several times from 1882 to 1919: *Journal of Cutaneous Diseases and Genitourinary Diseases* and the *Journal of Cutaneous Diseases, Including Syphilis*. When the American Medical Association (AMA) assumed control, this publication obtained a new name: *Archives of Dermatology and Syphilology*; in January 1955 syphilology was deleted from the title. According to an editorial in that issue, the rationale for dropping the word *syphilology* was as follows: “The diagnosis and treatment of patients with syphilis is no longer an important part of dermatologic practice. . . . Few dermatologists now have patients with syphilis; in fact, there are decidedly fewer patients with syphilis, and so continuance of the old label, ‘Syphilology,’ on this publication seems no longer warranted.”¹ Needless to say, this decision ignored the obvious fact that the majority of dermatologists traditionally were well trained in and clinically practiced venereology, particularly the management of syphilis,^{2,3} which makes sense, considering that many of the clinical manifestations of syphilis involve the skin, hair, and oral mucosa. My own mentor and former Baylor College of Medicine dermatology department chair, Dr. John Knox, authored 3 dozen major publications regarding the diagnosis, treatment, and immunology of syphilis. During his chairmanship, all residents were required to rotate in the Harris County sexually transmitted disease (STD) clinic on a weekly basis.

I am confident that the decision to drop “syphilology” from the journal title also was based on the unduly optimistic assumption that syphilis would soon become a rare disease due to the availability of penicillin. Indeed, the Centers for Disease Control and Prevention in the United States has periodically announced strategic programs designed to eradicate syphilis!⁴ This rosy outlook reached a fever pitch in 2000 when the number of cases (5979) and the incidence (2.1 cases per 100,000 population) of primary and secondary syphilis reached an all-time low in the United States.⁵

Unfortunately, no one could accurately predict the future. Although the number of cases and incidence of early infectious syphilis have fluctuated widely since the 1940s, we currently are in a dire period of syphilis resurgence; the largest number of cases (27,814) and the highest incidence rate of primary and secondary syphilis (8.7 cases per 100,000 population) since 1994 were reported in 2016,⁶ which illustrates the inability of public health initiatives to eliminate syphilis, largely due to the inability of health authorities, health care providers, teachers, parents, clergy, and peer groups to alter sexual behaviors or modify other socioeconomic factors.⁷ Thus, syphilis lives on! Nobody could have predicted the easy availability of oral contraceptives and the ensuing sexual revolution of the 1960s or the advent of erectile dysfunction drugs decades later that led to increasing STDs among older patients.⁸ Nobody could have predicted the wholesale acceptance of casual sexual intercourse as popularized on television and in the movies or the pervasive use of sexual images in advertising. Nobody could have predicted the modern phenomena of “booty-call relationships,” “friends with benefits,” and “sexting,” or the nearly ubiquitous and increasingly legal use of noninjectable mind-altering drugs, all of which facilitate the perpetuation of STDs.⁹⁻¹¹ Finally, those who removed “syphilology” from that journal title certainly did not foresee the worldwide epidemic now known as human immunodeficiency virus/AIDS, which has most assuredly helped keep syphilis a modern day menace.¹²⁻¹⁴

How have dermatologists been impacted? Our journals and our teachers have deemphasized STDs, including syphilis, in modern times, yet we are faced with a disease carrying serious, if not often fatal, consequences that is simply refusing to disappear (contrary to wishful thinking). Dermatologists are, however, in a perfect epidemiological position to help in the war against *Treponema pallidum*, the

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bacterium that causes syphilis. We frequently see adolescent patients for warts and acne, and we often diagnose and help care for patients with human immunodeficiency virus. We obliterate actinic keratoses and perform cosmetic procedures on those who rely on erectile dysfunction drugs (or their partners do). Who better than a dermatologist to recognize in these high-risk constituencies, and others, that patchy hair loss may represent syphilitic alopecia and that extragenital chancres can mimic non-melanoma skin cancer? Who better than the dermatologist to distinguish between oral mucous patches and orolabial herpes? Who better than the dermatologist to diagnose the annular syphilid of the face, or ostraceous, florid nodular, or ulceronecrotic lesions of lues maligna? Who better than the dermatologist to differentiate condylomata lata from external genital warts?

I would suggest that the responsible dermatologist become reacquainted with syphilis, in all its various manifestations. I would further suggest that our dermatology training centers spend more time diligently teaching residents about syphilis and other STDs. In conclusion, I fervently hope that organized dermatology will once again dutifully consider venereal disease to be a critical part of our specialty's skill set.

REFERENCES

1. Editorial. *AMA Arch Dermatol*. 1955;71:1.
2. Shelley WB. Major contributors to American dermatology—1876 to 1926. *Arch Dermatol*. 1976;112:1642-1646.
3. Lobitz WC Jr. Major contributions of American dermatologists—1926 to 1976. *Arch Dermatol*. 1976;112:1646-1650.
4. Hook EW 3rd. Elimination of syphilis transmission in the United States: historic perspectives and practical considerations. *Trans Am Clin Climatol Assoc*. 1999;110:195-203.
5. Centers for Disease Control and Prevention. *Sexually Transmitted Disease Surveillance 2000*. Atlanta, GA: Department of Health and Human Services; 2001.
6. 2016 Sexually transmitted diseases surveillance: syphilis. Centers for Disease Control and Prevention website. <https://www.cdc.gov/std/stats16/syphilis.htm>. Updated September 26, 2017. Accessed October 20, 2017.
7. Shockman S, Buescher LS, Stone SP. Syphilis in the United States. *Clin Dermatol*. 2014;32:213-218.
8. Jena AB, Goldman DP, Kamdar A, et al. Sexually transmitted diseases among users of erectile dysfunction drugs: analysis of claims data. *Ann Intern Med*. 2010;153:1-7.
9. Jonason PK, Li NP, Richardson J. Positioning the booty-call relationship on the spectrum of relationships: sexual but more emotional than one-night stands. *J Sex Res*. 2011;48:486-495.
10. Temple JR, Choi H. Longitudinal association between teen sexting and sexual behavior. *Pediatrics*. 2014;134:E1287-E1292.
11. Regan R, Dyer TP, Gooding T, et al. Associations between drug use and sexual risks among heterosexual men in the Philippines [published online July 22, 2013]. *Int J STD AIDS*. 2013;24:969-976.
12. Flagg EW, Weinstock HS, Frazier EL, et al. Bacterial sexually transmitted infections among HIV-infected patients in the United States: estimates from the Medical Monitoring Project. *Sex Transm Dis*. 2015;42:171-179.
13. Shilaih M, Marzel A, Braun DL, et al; Swiss HIV Cohort Study. Factors associated with syphilis incidence in the HIV-infected in the era of highly active antiretrovirals. *Medicine (Baltimore)*. 2017;96:E5849.
14. Salado-Rasmussen K. Syphilis and HIV co-infection. epidemiology, treatment and molecular typing of *Treponema pallidum*. *Dan Med J*. 2015;62:B5176.