Multiple penile ulcers: Syphilis, lymphogranuloma venereum and primary HIV infection

Introduction
The incidence of sexually transmitted diseases is increasing and one of the most critical health challenges world wide. Especially in men who have sex with men sexually transmitted diseases are very common. Genital ulcers is a symptom in different sexually transmitted diseases.

Objective
The current case study demonstrates a combination of skin symptoms, diagnostic procedure and treatment.

Results:
Physical examination revealed multiple deep ulcerations, papulopustules, and urethral discharge. Lymph nodes were not enhanced and the patient had no rash. Diagnostics for HIV, syphilis, gonorrhea, chlamydia, herpes typ 2, and bacterial infection was performed by serology, PCR and cultures. Syphilis serology was negative initially, but positive after some days with TPPA and antibodies for syphilis. PCR test taken from the ulcers where positive for treponema pallidum indicating a primary syphilis infection. Urethral and rectal swabs tested positive for Chlamydia trachomatis and genotyping was positive for lymphogranuloma venereum. Also the Combotest for HIV was positive.

Interdisciplinary treatment
Symptoms resolved after antibiotic treatment with doxycyclin 2x100mg for 21 days and benzylpenicillin benzathine 2.4 million IE once weekly for two weeks. HIV treatment was initiated due to low CD4+ T cell count.

Method
The Department of Dermatology works interdisciplinary in collaboration with the Departments of Gynaecology, Infectious Diseases, Microbiology, and the Centre for Adolescent Health Care, and Primary Health Care with prevention, diagnosis and treatment of sexually transmitted diseases.

Case study
The case of a 28 year old Swedish man with primary HIV infection, primary syphilis, and lymphogranuloma venereum is presented.

The patient complained about genital pain, multiple genital ulcerations, urethral discharge, painful urination, a sore throat and elevated temperatures.

Conclusion: The diagnostics can be difficult due to patterns of disease status, and genital ulceration might be a symptom in both primary syphilis, primary HIV and lymphogranuloma venereum. More measures are needed to prevent transmission.