TWO CASES ILLUSTRATING UNUSUAL MANIFESTATIONS OF SYPHILIS *

1. GUMMA OF THE BLADDER

2. URTICARIAL SYPHILID

NICHOLAS L. LINNEMAN, M.D.

DULUTH, MINN.

REPORT OF CASES

CASE 1.—The salient features of the case are: A gummatous invasion of the bladder wall resulting in dysuria, leading to an erroneous diagnosis of gonorrhea; cystoscopic examination revealing a sharply margined growth in the bladder wall; a positive Wassermann reaction, and prompt relief after institution of anti-specific treatment.

History.—A woman, aged 21, first seen Sept. 10, 1919, was referred to me by Dr. J. J. Eklund. She appeared to be well nourished, was 5 feet, 2 inches tall and weighed about 130 pounds. She admitted having had gonorrhea some time previously, but denied any other infectious disease and had always been well.

Her chief complaint was frequent and painful urination which had lasted for four months, continually growing worse. She had been treated for a supposedly gonorrheal cystitis with bladder irrigations and internal medication, but without benefit. The urination was more frequent at night; there was a constant feeling of discomfort in the bladder region, and a radiating pain toward the left groin.

Urinary and Bladder Examination.—The urine showed abundant pus cells and a few red blood cells intermingled. Gonococci could not be demonstrated, but there were other unidentified bacteria. Cystoscopic examination showed that the bladder was especially inflamed in the region of the trigone. Both ureters seemed to be functioning normally. A growth about 2 cm., back of the left ureteral orifice could be distinctly seen. This measured about 2.5 cm. in diameter, was raised about 0.5 cm. from the normal bladder surface, was sharply margined and quite round; it had certain bleeding points near its center. Thus it had the appearance of a nonpedunculated, mildly inflammatory papilloma.

General Examination.—There was positively no evidence of old or recent skin lesions. There were, however, small, hard and easily palpable glands in the groin, more particularly on the left side. There was a slight vaginal discharge; smears were negative to gonococci. There was no particular cervical irritation or vaginal inflammation. She did not look anemic; the hemoglobin was 90 per cent. and there were 4,800,000 red blood cells. The blood Wassermann test was + + + +.

Treatment.—Specific treatment was started on September 11. This was followed by definite and prompt improvement, the urinary symptoms becoming less disturbing immediately. By October 1 there was great relief. A cystos-

* From the Dermatological Department, the Duluth Clinic.

copy done on October 5 showed that the tumor had entirely disappeared and that only a slight inflammatory area could be seen where it had been previously. She has kept up treatment faithfully, and is now apparently well.

COMMENT

There appears to be no reason to doubt that this was a case of gumma of the bladder.

Lloyd Thompson¹ has reported eighty-four cases in the literature. Of these eighty-four cases, he thought fifty-eight were authentic. In 1901, MacGowan² reported a gumma of the bladder diagnosed by cystoscopy. Habereen,³ in 1911, reported the first case in which a Wassermann test confirmed the diagnosis.

CASE 2.—This case presented severe, urticaria-like lesions which rapidly appeared and disappeared, producing raw surfaces and gradual pigmentation.

History.—The patient was a man, aged 26, a painter. He was seen first Dec. 1, 1919. He acknowledged a few of the exanthemata, but had never been seriously sick. After returning from the A. E. F. he developed a skin rash accompanied by severe itching. It gradually spread despite various forms of treatment, and covered a large part of his body.

General Examination.—The patient looked pale, tired and worried. His height was 5 feet, 10 inches and his normal weight was 175 pounds, but he had lost 25 pounds since the beginning of his illness.

He had had a little hoarseness for some time, but a nose and throat specialist whom he had consulted could find nothing wrong with his throat. Hard, shotlike glands could easily be felt in the groin, and a few in the posterior occipital region. The epitrochlears could not be felt. The urine was negative; blood pressure was normal; hemoglobin, 70 per cent.; red blood cells 3,500,000, and white blood cells 9,000.

Description of Skin Lesions.—The whole skin was plastered with ointment of zinc oxid, for the time being rather fully concealing the character of the skin lesion. On Dec. 5, 1919, the rash had become very troublesome, and he was unable to put on his clothes. Over the back, chest, neck and arms, as well as on his legs, were patches varying in size from 1 to 7 or 8 inches in diameter, in places raised $\frac{1}{8}$ inch over the normal surface, and sharply margined. In the center of most of the patches there were thin scales. Raw spots developed, particularly at points of rubbing or irritation—in the region of the buttocks and neck especially. The itching and burning were severe. Besides these large lesions, there were a few smaller squamous lesions here and there, and some discoid patches on the forehead. It was noted that some of the urticaria-like lesions, and even the large raw places, disappeared in twenty-four hours, and new ones elsewhere reappeared. Pigmentation was prone to develop early in those that showed healing.

Course and Treatment.—Ten days after the first intravenous injection of arsphenamin the itching had greatly abated, and in two weeks no urticarial

1. Thompson, Lloyd: Syphilis of the Bladder, *Am. J. Syphilis* 4:50 (Jan.) 1920.

2. MacGowan: *Cutan. & G.-U. Jour. of New York*, 1901.

3. Habereen, J. P.: *Zentralbl. f. chir.* 38:663, 1911.

lesions or raw spots could be seen. The squamous lesions were a little slow in disappearing, and considerable pigmentation continued to develop. The hoarseness was still slower in disappearing. He gained in weight rapidly. At the present time (March 28, 1920) he is in excellent condition.

COMMENT

This case is reported because of the rare, urticaria-like skin lesions and the extensive raw areas, which are equally rare in syphilitic patients.