A SPURIOUS CHANCRE

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The case reported has a double interest, because it illustrates how perfectly an initial sclerosis may be mimicked by a factitial or benign inflammatory lesion, and how critical one may justly be of accounts of reinfections, superinfections and cures based on the excision of the chancre when the diagnosis of the lesion has been made on clinical criteria alone, without a complete confirmation by dark-field and serologic examination.

REPORT OF A CASE

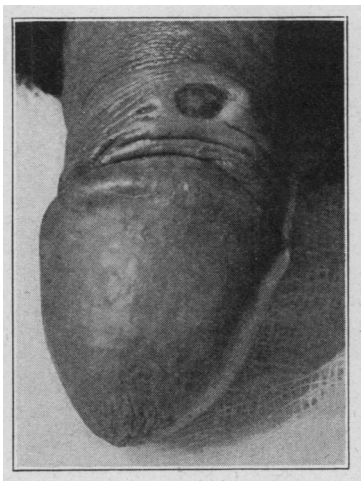
History.—The case of C. P. (Case 295316) was diagnosed as tabes dorsalis, following an examination at the clinic in November, 1919. The spiral fluid Wassermann reaction was positive, the Nonne reaction was positive, and the lymphocytes numbered 140. The patient received six intravenous injections of arsphenamin, twenty intramuscular injections of mercury succinimid and interim treatment of forty mercurial inunctions. The patient, although repeatedly questioned, could give no history of a primary lesion, his first intimation that he had syphilis being in 1909, when his hair fell out in large amounts, and a quack told him that he had the disease. There was no sign of penile scar on first examination.

In June, 1920, this patient returned for further treatment. Supposing himself to be immune from the disease by virtue of having had syphilis, he had had a single intercourse with a clandestine prostitute six weeks before. Fourteen days later a papule appeared on the prepuce behind the corona, enlarging to half the size shown in the photograph and developing a superficial erosion before he gave it any attention. He then visited a physician who cauterized it twice with some mild chemical cauterant. The patient insisted that the only difference between the appearance of the lesion when cauterized and its appearance at the time of examination was in size.

Examination.—Examination disclosed the apparently typical initial sclerosis shown in the illustration. The base was smooth, the border faintly hemorrhagic, the exudate perhaps a trifle purulent, but serous after wiping with gauze. The induration was of the button type. There was no distinct inguinal adenopathy, although the discrete glands were palpable.

Three dark-field examinations were negative, two of them after saline soakings and one of them on aspiration of the base of the lesion. The Wassermann reaction of the blood was negative. The lesion was then excised and half of it sent to Professor A. S. Warthin of Ann Arbor, who reported that the pathology was that of a simple inflammatory reaction, not at all suggestive of syphilis, and that no *Spirochaeta pallida* could be identified in the tissue. In the meanwhile, an examination of the spinal fluid yielded positive Wassermann and Nonne reactions, 134 lymphocytes, and a colloidal gold curve of 0112222100.

The prostitute by whom the patient had been exposed was not accessible. Had she had active syphilis, with spirochete-containing lesions in the vagina, it is conceivable that the lesion in the patient might have been an inoculation gumma, since gumma-like lesions can be produced by the inoculation of living *Spirochaeta pallida* into the skins of patients with late syphilis.[1] The lesion could scarcely be interpreted clinically as a pseudochancre-redux in view of the previous



A spurious chancre with typical incubation, probably due to trauma and cauterization, in a patient with neurosyphilis.

treatment and in the absence of evidence of a former primary lesion at the same site or in its lymphatic drainage. The pathologic examination seems to eliminate both possibilities, as well as that of a superinfection. The lesion was evidently purely inflammatory, possibly in part at least an artefact due to cauterization. The perfection with which this spurious chancre mimicked the true Hunterian induration emphasizes the untrustworthiness of clinical, as distinguished from laboratory, criteria in the diagnosis of primary syphilis and in the determination of the status of reinfections and superinfections.

1. Landsteiner and Finger: Ueber Immunität bei Syphilis, Centralbl f. Bakteriol. **38**: Suppl. 107, 1906.