COMPLETE SYPHILITIC ALOPECIA

WITH REPORT OF CASE *

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Complete syphilitic alopecia is not mentioned by most textbooks, or it is dismissed with the statement that it is a rare condition.

Abraham and Davis¹ state that "more cases than one" of complete syphilitic alopecia have come under their notice. Chambers² presented a case before the Toronto Clinical Society, Nov. 14, 1900. His patient was a woman, aged 20, whose hair began to fall at 5, and again at 12. At the age of 18 she was treated for interstitial keratitis. At the time of presentation there were only two hairs on the body, these being located on the anterior portion of the scalp.

In a review of the literature I have been unable to find mention of other cases, and therefore feel justified in reporting this case:

History.—J. F., man, aged 23, Jew, printer, admitted Oct. 2, 1914, had a negative family history. The mother died after parturition. The father, brothers and sisters were negative. There was no history of baldness in the family. The patient's past history was negative. In May, 1912, the patient had a chancre. The hair of the eyebrows began to fall out two weeks after the appearance of the chancre, the right side being first affected. Following this the hair of other regions began to fall out; in two months the body was entirely denuded. Three weeks following the appearance of the chancre the mouth was sore, and a rash appeared on the abdomen, back and left forearm. At this time the Wassermann reaction was strongly positive.

One week later the patient received an intravenous injection of salvarsan (dosage not known) and two more doses at weekly intervals. Following the second dose he had fever for four days. The patient came to Hot Springs in September, 1913, at which time he complained of headache, which was worse at night. He then received injections of mercury on alternate days for two weeks (dosage and salt not known) and 4 ounces of mercurial ointment by inunction. Potassium iodid was administered by mouth up to 150 grains per day for two weeks. From that time until admission to the hospital no treatment was administered. At the time of admission the patient complained of insomnia and nervousness.

Examination.—The most striking feature in this case was the absolutely complete alopecia, there not being a single hair on the entire body. No skin lesions were present and no scars. The epitrochlear glands on both sides were palpable. The inguinal glands were slightly enlarged, while the cervical glands were not palpable. The left tonsil was greatly hypertrophied with a denuded area covering one fourth of the surface. The right tonsil was only slightly hypertrophied. The pharynx was normal. The superficial veins of both legs showed slight varicosity, while there was a varicocele of the left side. The pulse was 60; systolic blood pressure, 130. The neurologic examination was negative. The urine was normal. The Wassermann test was negative. Lumbar puncture was refused.

Treatment.—The patient was placed on daily inunctions of 4 gm. of mercury, with potassium iodid by mouth up to 30 grains three times a day. He remained in the hospital until November 30, and as no improvement was observed, was discharged.

This patient left Hot Springs, early in 1915, and returned in January, 1916, during which time he received no treatment. He still showed a condition of complete alopecia.

DIARSENOL VERSUS SALVARSAN

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Since it has become impossible to procure salvarsan or neosalvarsan, many have turned to a substitute, diarsenol, manufactured by the Synthetic Drug Company of Toronto, Canada. The literature on this new preparation is meager, but apparently it differs only slightly from salvarsan.

I have used over 300 doses of diarsenol, employing the same technic that I did with salvarsan. Only three patients have experienced any reaction. This percentage compares favorably with the results I have had from salvarsan.

During 1914, and as long as it could be procured, I used neosalvarsan in preference to salvarsan, because less reaction followed its use. The injections were all intravenous. The method I follow in the use of salvarsan and of diarsenol is to dissolve a full dose (0.6 gm.) in 15 c.c. of distilled water, neutralize with sodium hydroxid and then add to make the full amount, 20 c.c. If half doses are given, half the quantity of solution is used. The patients are given dosage in the office and are permitted to go home. The injection is usually given in the evening so that the patient may retire within the following hour.

If it is necessary with out of town patients to give injections during the daytime, they are advised to go to a hotel and lie down for five hours before returning home.

The average patient receives from ten to fifteen doses, depending on the stage of the case and on the strength of the Wassermann reaction. These are given every other day, beginning with a half dose and increasing the dosage so that the third is a full one of 0.6 gm., if no reaction occurs. By this method I seemingly have achieved very much better results than by giving the doses a week, two weeks or a month apart.

When I used salvarsan, patients would occasionally complain of nausea and vomiting following the injection, usually two or three hours after leaving the office. On two occasions, patients vomited while in the office.

In the administration of diarsenol, I have found a variation in the oxidation of the solution when made up. Some solutions remained a light color while others became dark almost immediately. The ampules which oxidized rapidly seemed to be those which caused the reaction, but not always so.

The histories which I give are of the cases in which considerable reaction and shock was experienced.

CASE 1.—F., man, aged 33, with history of infection ten years ago, had a +++ Wassermann reaction. He was given a 0.3 gm. and a 0.36 gm. dosage without any reaction. Immediately following the third dose of 0.42 gm. he began to have cold sweat, nausea, irregular pulse and all the evidence of shock. This lasted for about an hour, when he was able to go home. This ampule when mixed oxidized rapidly. Following this reaction no albumin or casts were found in the urine. Two days later he had a fourth dose of 0.3 gm. and continued with increasing dosage, 0.42, 0.48, 0.54, 0.6 and 0.6 gm., and in the next dose we were able to inject only 0.48 gm. when he again developed shock and had a return of the same symptoms experienced on the earlier occasion. This solution did not oxidize. He was given 15 minims of epi-

* From the Leo N. Levi Memorial Hospital.

1. Abraham and Davis, in Power and Murphy: System of Syphilis, London, 1910, v, 100.

2. Chambers, Graham: Alopecia Universalis, abstr., THE JOURNAL A. M. A., Jan. 5, 1901, p. 57.