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SYPHILITIC PIGMENTATION.

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[Reprinted from THE TRI-STATE MEDICAL JOURNAL AND PRACTITIONER, St. Louis, August, 1897.]

AMONG the signs which attest to the existence of a former eruption of syphilis and, consequently, as evidence that the disease has existed, is the syphilitic pigmentation. Every practitioner of medicine and every surgeon places much reliance upon this sign and, unfortunately, too much in some cases. For it must not be forgotten that quite a number of non-venereal cutaneous troubles but too often leave traces behind them in the form of pigmentations, and it often requires a well-trained eye coupled with experience to establish a positive differential diagnosis. For this, among other reasons, it has seemed proper to me to dwell at some length upon a subject which might, under ordinary circumstances, seem rather trivial to the reader. Cases do arise in which it is necessary to make out a history of syphilis in order to cure some condition present which may be due to the disease. If the objective lesions of the skin negative the former presence of lues, much unnecessary experimenting is avoided; and if the lesions which are present are pigmentations, care must be taken to recognize them and their cause in order not to fall into an error which might ultimately lead to irreparable consequences. I have seen freckles of large size mistaken for syphilitic pigmentation, and flea-bites taken for a small papular syphilide in the same individual. One symptom was apparently confirmatory of the other, and but for timely interference the patient would have been subjected to a long course of useless medication. Not only is such a consequence to be feared from a purely medical point of view, but the social consequences are apt to become quite disastrous to the individual from a social standpoint. For instance, a young man who has matrimonial intentions presents pigmentary stains and is told that he is suffering from an old syphilis may strenuously and very correctly deny that he ever had the disease. But when he is told by his uninformed medical adviser that he has suffered from "ignored" syphilis and that he presents indubitable signs of the disease, he will in the majority of instances simply abandon all thoughts of getting married and fall into a state of utter hopelessness, always a prey to anxiety in a fear of what will never happen and continually on the alert to see that which it is impossible should occur. It is the

avoidance of such consequences which should lead the practitioner to carefully consider the subject of cutaneous pigmentation, its different varieties and manifestations, as well as its various phases in different cutaneous troubles, in order to be able to avoid making what might prove to be a serious mistake.

It may be stated, in general terms, that it is an almost inevitable condition, or rather sequence, for syphilitic cutaneous manifestations to be followed by more or less marked pigmentation. A peculiarity in connection with this pigmentation is that it is more marked in color and outline in those cases in which but little or no attention has been paid to the employment of external applications to the syphilides which have occurred. In those cases in which there has been complete neglect in regard to the local treatment of the eruption, it will be found that the pigmentation is most intense, and the color is still more heightened if the individual be one having a dark complexion. It will require very little observation to demonstrate that blondes do not exhibit as marked pigmentary changes of the skin as brunettes do in ordinary cutaneous troubles, and the same holds true in syphilis. A very small amount of observation will readily demonstrate the fact that blondes do not show dark pigmentations, and care should be taken not to overlook them on account of their apparently mild character; nor, on the other hand, should it be supposed that because syphilitic pigmentation is dark in a brunette it is necessarily of a severe type or an indication that the primary lesions were of a particularly severe or malignant type. In any event, the very presence of the pigmentation is a matter of some interest, as it is a sign which plainly indicates the importance as well as necessity of giving the proper care and attention to all cases of syphilitic eruption, in the way of appropriate external applications, and also shows, in great part, the reason why the more careful writers on syphilology generally insist upon local treatment as a necessary adjunct to the internal remedies which are administered.

It may not be inappropriate to give a sort of general classification of the various forms of syphilitic pigmentation which are observed. In the first place, all may be divided into two general classes—the idiopathic and the symptomatic. The idiopathic are such as follow simple non-destructive lesions, such as the roseola, papules, etc. These have a tendency not to be as deeply pigmented as in the other class. The traumatic syphilitic pigmentation embraces those stains which follow lesions that destroy a whole or part of the cutaneous tissue, such as deep pustules, ulcers, cuts, burns, etc. It must not be forgotten that traumatisms inflicted upon a syphilitic, more especially during the early secondary period, are followed by marked pigmentation. Another peculiarity of traumatic syphilitic pigmentation is that it is more deeply colored than the idiopathic.

The varieties just mentioned may be subdivided, each one, into the small and large. The small pigmentation varies in size from a small pin's head to the small finger-nail, whereas the large varies from the size of the small finger-nail to that of a silver dollar, or even larger—that of the palm of the hand. The size is, of course, governed by that of the lesion which preceded the pigmentation, so that no fixed rule can be given in regard to the size attained or shown. This can only be determined by an examination of a case while the eruption or lesions are present. Of course, the

pigmentation present, its color, size, and length of persistence, may give a certain more or less distinct idea of the condition which pre-existed. The distribution of the lesions in syphilitic pigmentation may be discrete, disseminated or confluent. In the discrete form the stains occur here and there, and, as a usual thing, are not numerous. This is, perhaps, the most common, or, at least, that which is most frequently seen. Not more

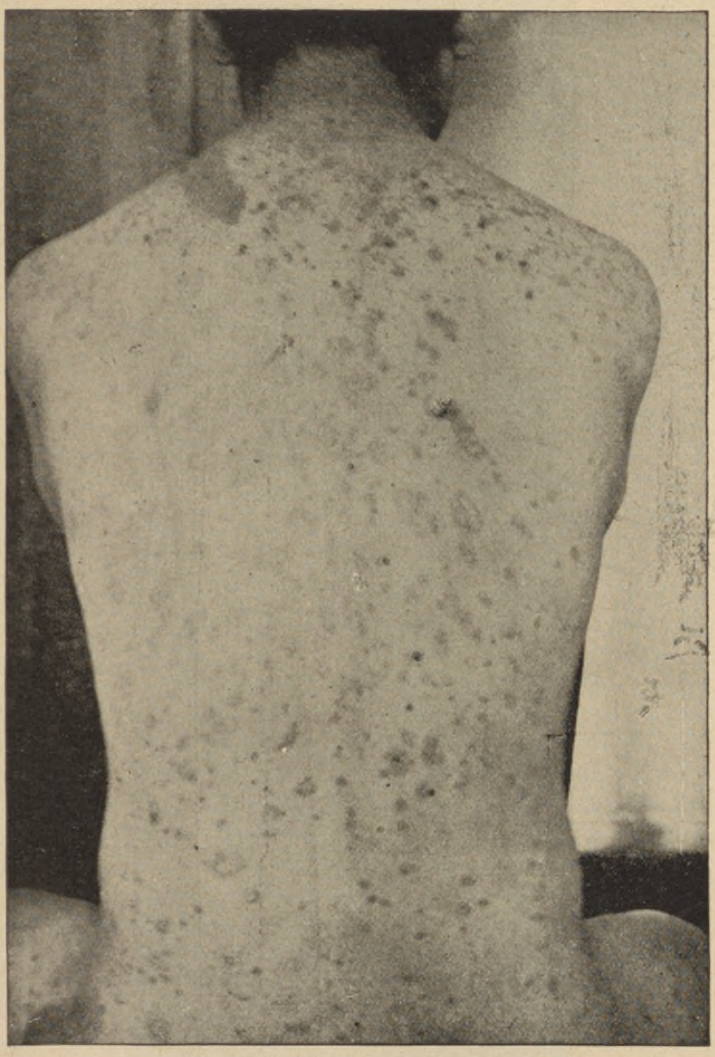

FIG. 1. Disseminated Syphilitic Pigmentation.

than from two to six finger-nail size stains may exist. In the disseminated form we have a condition characterized by the presence of numerous stains which vary in size. A good example of this is shown in Figure 1. A limb, a portion of the trunk, or the entire body, may be involved. In the confluent syphilitic pigmentation we have a condition presented which is

far from being a common one. In this form a large area is involved, but it is the rule that certain portions of the skin remain normal. In fact, upon a superficial glance it would lead an unpracticed eye to pronounce the trouble one of vitiligo. The peculiarity of the contour of the healthy

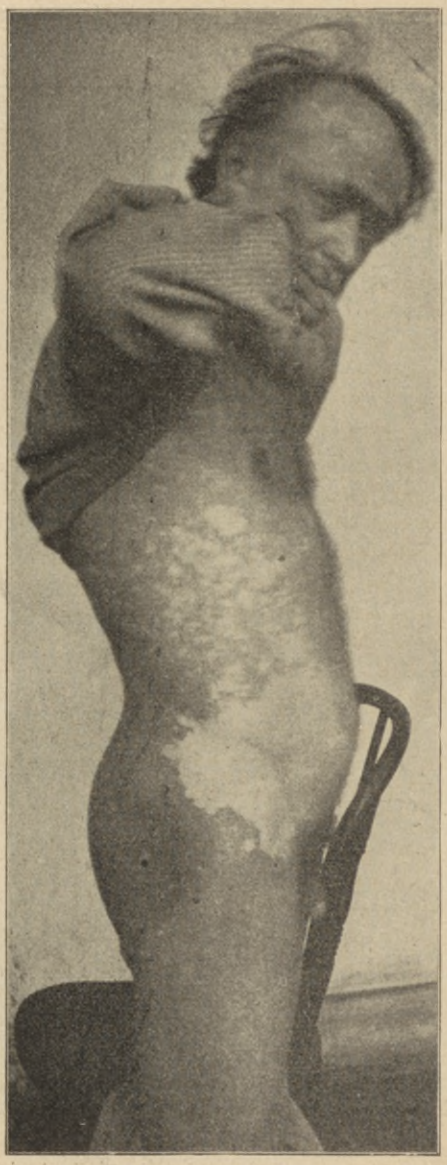

FIG. 2. Confluent Syphilitic Pigmentation.

skin will readily dispel any such idea, and a careful examination will readily show that, instead of a loss of pigment declaring itself, the coloring matter is, in reality, encroaching upon the normal skin. A representation of a case of this rather rare condition is shown in Figure 2, which

shows very plainly the difference in tint of the normal and of the pigmented skin in a syphilitic whose complexion was quite dark. In this form of the trouble care must be taken not to mistake it for other forms of extensive pigmentation. Thus, for instance, we have so-called "vagabond's disease," which is due to filth and parasites causing an intense pruritus, and the efforts to relieve this by scratching cause a black discoloration of the skin by reason of the dirt on the surface and under the nails being deposited under the upper layers of the skin. Again, we have an extensive pigmentation occurring in Addison's disease, and, although not quite so dark as in syphilitic pigmentation and having the peculiar bronzed tint so characteristic of the disease, it may prove deceptive to one who has not closely studied these colors; and this very fact of the possibility of making an error should make observation more keen and discriminating.

It is by no means an unusual thing to find, in a case of syphilis in which an extensive eruption of papular, pustular or papulo-pustular syphilides have occurred, large and well-marked pigmentations such as are delineated in Figure 1. This is the class of cases which should be studied in order to be able to master the various peculiarities which go to make such a condition characteristic and enable the observer to pronounce his views definitely in regard to any given case. The apparent lack of attention which has been devoted to the subject renders it positively imperative to devote some study to it, and it will be found profitable to do so. As has been stated above, these pigmentations occur in cases in which there has been but little or no internal treatment, or one which has been entirely inadequate to the condition present, and, in addition, no external treatment at all. Nor must it be forgotten that even efficient treatment will not be successful unless it be followed for a certain length of time, such as the exigencies of the case may call for. A specific treatment for a few months is certainly not sufficient, and taking remedies spasmodically will never succeed. Whatever treatment is taken must be prolonged over a sufficiently long period of time—one and a half or two years—and then there is good ground to expect an immunity from all danger of any tell-tale pigmentation.

As has been already mentioned, the syphilitic pigmentation may vary considerably in size and color. In form it may be roundish or ovalish, or of the form assumed by lesions which are confluent, or that characteristic of the trauma immediately preceding. It is of a brownish color, somewhat resembling that of copper which has been exposed to the air. Of course, the intensity of the tint varies a great deal. In the negro it looks black, in light blondes it is of a light tan color. The contours of these pigmentations are sharply defined and the borders are clean cut. There are no subjective symptoms whatever connected with these pigmentations. It is this very absence of any subjective symptom which will best serve to differentiate syphilitic pigmentation from the cutaneous trouble which most closely resembles it—tinea versicolor. The latter, which is of vegetable parasitic origin, and this is easily determined by the microscope, itches and desquamates to a certain degree, both of which are symptoms not met with in pigmentation. In chloasma we have a marked pigmentation whose color differs essentially from that of syphilitic origin, and there is, moreover, no history whatever of the existence of any previous lesion or eruption. By care-

fully considering these points and establishing the presence or absence of any concomitant syphilitic lesions, either primary or consecutive, a differential diagnosis can be arrived at with comparative ease. The pigmentary syphilide is one which might be taken for the pigmentation under consideration; more especially as it is a comparatively rare manifestation of syphilis. In this the pigmentation is not consecutive to some primary lesion and is not the result of any destructive process. It appears as such from the beginning and is an eruption *per se*. It is found to occur most generally in women, and it makes its appearance upon the back and side of the neck. There seems to be no record of its occurring upon the anterior aspect. The color of the pigmentation is very light, and it might at first glance be taken for an eruption of light freckles. Its peculiarity in distribution, however, would show that this is not the condition. It is at best a very unusual and even a rare condition.

Syphilitic pigmentation is rather irregular in its distribution. It is by no means necessarily limited to the trunk and extremities. It will show itself upon the face and hands, if those parts have been the seat of a syphilitic eruption. It is for this reason that there attaches some degree of importance to the prompt recognition of these lesions, more especially when in visible portions of the body, in order that there may be accomplished a rapid disappearance of these tell-tale marks of a syphilitic infection, which are to-day so readily recognized by the laity as indisputable signs of a former infection, and it happens very often that these disguises by the *vulgar* miss their mark.

The usual course followed by these stains, if they be permitted to take their own way, is for them to disappear gradually and ultimately pale in the center. This disappearance of pigment progresses slowly towards the periphery until there remains nothing but a narrowing of colored pigment which seems quite marked. This in its turn also becomes paler, and after the lapse of a longer period of time the whole discoloration disappears in its entirety. If there has been any considerable destruction of tissue, a white scar, either thin or thick, will remain and will become prominent on account of being much paler than the normal skin. The entire disappearance of the pigmentation is a consummation, however, not as readily attained as the patient could desire. It requires quite some time, many months in some cases, to arrive at this much-desired result.

From what has been said, it is quite apparent that the recognition of syphilitic pigmentation is a comparatively simple matter, and its treatment is equally so if the proper measures be adopted. The treatment of syphilitic pigmentation is preventive or curative. In the former instance energetic general treatment is, of course, essential; and if there be any eruption present, local measures are to be applied; and the prevention of the appearance of the brownish stain depends entirely upon the faithfulness of the patient in making the applications. Among the eligible preparations which will be found of value are the following:

℞ Hydrarg. oleatis, 5% ..... ℥ss.
l. olivæ, opt ..... ℥ijss.
M. Sig. Rub in well once daily.

If an oily preparation be objected to, the following may be employed:

℞ Hydrargyri bichloridi..... gr. v.
Ammon. muriat..... gr. x.
Spts. coloniensis.....
Aquæ destillat.....aa ℥iij.
M. Sig. Apply twice a day.

If the curative plan must be employed, much more radical measures are necessary. In the case of old pigmentations the following will be found of service, remembering that a 1 to 500 bichloride solution must be applied finally. Of course, active internal treatment must be given. The method is that of Barthelémy, and is a very good one, although somewhat troublesome.

℞ Resorcini..... ℥x.
Zinci oxidi..... ℥ijss.
Glycerini..... ℥ss.
Adipis..... ℥v.
Ol. olivæ..... ℥ij.
M. Sig. Apply several times a day.

After using this for three days the skin becomes parchment-like and peels off. The following is then applied:

℞ Grenetin alb..... ℥j.
Zinci oxidi..... gr. xlv.
Glycerini..... ℥jss.
Aquæ destillat..... ℥ij.
M. Sig. Apply twice a day for two or three days.

In all cases of syphilitic pigmentation the prognosis should be guarded. The pigmented areas, when once established, will persist for a very long time, and all the internal treatment administered will fail to procure a good result or have any influence in bringing about its disappearance if not aided by external measures. Of course, the pigmentation will eventually disappear spontaneously, but may occupy years in its fulfillment. Energetic internal and external measures, however, will enable the physician to give not only reasonable hopes but a fair degree of assurance to the patient that the spots will disappear in a comparatively short space of time.