

Title: Do Ask, Do Tell

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**Presenters Biography:**

Dr. Lennon is a Family Medicine physician with the United States Navy who also serves as an Assistant Professor at the Uniformed Services University of Health Sciences.

**Abstract:**

**Introduction:** Syphilis has plagued militaries throughout the ages. Known by many names, the disease is well documented as early as the late 1400s. It has been called “the great imitator” due to its varied clinical presentation. Following the advent of penicillin, syphilis rates reached historic lows in 2000. As a result of decreased incidence, many primary care physicians have never seen a patient with this infection.

**Case:** A 25 year old active duty African-American male with no significant past medical history presented to clinic complaining of warts on his penis. Initial exam revealed multiple bilateral condylomatous lesions on the penis. He was treated with topical podofilox. After initial improvement, the lesions spread, prompting a repeat visit. He was again treated with podofilox. One month later, the patient returned with multiple open, circular, pruritic lesions on his trunk and upper extremities bilaterally. He admitted to penetrating intercourse with another male. The patient was tested for sexually transmitted diseases and rapid plasma reagin was elevated. The rash resolved after treatment with benzathine penicillin.

**Discussion:** This is a case of an uncommon presentation of primary syphilis. Classically, being male, young (<30 years of age) and frequently deployed were thought to be risk factors; however, recent studies indicate that risk is similar between both sexes, as well as between stateside and deployed troops. Additional known risk factors are African American race and men who have sex with men (MSM). Initial inquiry regarding MSM may have prompted earlier testing for syphilis; the Centers for Disease Prevention and Control recommend routine screening of MSM for syphilis.

**Scholarly Question:** Are military physicians less likely to ask active duty patients about high risk sexual behavior including MSM?

**Conclusion:** Providers should be vigilant about atypical presentations of syphilis. Military physicians need to be familiar with risk factors and inquire about them including MSM.

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