

中文題目：次級梅毒於 HIV 病患以急性黃疸合併皮疹表現

英文題目：Jaundice and skin rash in an HIV-infected patient – rare presentation of secondary syphilis

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Introduction

Syphilis is a multi-systemic disease caused by *Treponema pallidum*, and has been described as “the great imitator”. Liver is one of the organs that can be affected, but rare. Here, we report a case of syphilitic hepatitis in an HIV-positive patient presenting with acute jaundice and skin rash.

Case Report

A 31-year-old man, with HIV (human immunodeficiency virus) infection presented with a one week history of progressive malaise, anorexia and yellow skin. He has received antiretroviral therapy (ART) for more than 6 years with suppressed HIV viral load. 4 years before presentation, the regimen of ART was switched to triumeq (abacavir + dolutegravir + lamivudine) for simplification. The laboratory data revealed aspartate aminotransferase (AST) of 63 U/L, alanine aminotransferase (ALT) of 116 U/L, total bilirubin of 6.77 mg/dL, direct bilirubin of 4.18 mg/dL, and alkaline phosphatase (ALP) of 629 U/L. Viral hepatitis serological tests including hepatitis A, B and C all revealed negative. The anti-smooth muscle antibodies were negative but anti-mitochondrial antibodies were weak positive. The abdominal sonography showed normal appearance of liver without dilatation of biliary tract.

3 to 4 days after malaise, multiple maculopapular rashes developed on trunk and extended to four limbs with mild pruritus. The follow-up laboratory tests 2 weeks after presentation showed progressively elevated total bilirubin (11.2 mg/dL) and ALP (759 U/L).

Tracing his sexual history, he had once unprotected sexual intercourse 2 months before symptoms onset. The intramuscular benzathine penicillin G 24 million units was administered 18 days after presentation for suspected syphilitic hepatitis. Later on, the serum rapid plasma regain titer was 1:128 and treponemal chemiluminescence immunoassay (CIA) was reactive. After 3 doses of weekly intramuscular benzathine penicillin G, the jaundice and skin rashes resolved gradually with resolution of liver chemistries 1 month later.