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**Figure 1.** Palmar rash.



**Figure 2.** Plantar rash. Used with permission of Nicholas M. Perera, MD, Department of Emergency Medicine, Maricopa Medical Center, Phoenix, AZ.

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A 33-year-old man presented to our emergency department (ED) with a 1-week history of a painless, nonpruritic rash to his palms (Figure 1) and the soles of his feet (Figure 2). He had no fever, chills, oral lesions, or weight changes. Three weeks before, he had what he thought was an ingrown hair on the shaft of his penis, for which he did not seek medical attention. He was sexually active in a heterosexual relationship that he thought was monogamous. He had no recent history of leaving the metropolitan area and had no recollection of a tick bite.

*For the diagnosis and teaching points, see page 360.*

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### DIAGNOSIS:

*Secondary syphilis.* About a third of untreated individuals with primary syphilis will develop secondary syphilis. This usually occurs at about 2 to 8 weeks after the appearance of the original chancre. In this patient, a rapid plasma reagin was positive in a titer of 1:128. He received benzathine-penicillin 2.4 million units intramuscularly in the ED. Although the rate of primary and secondary syphilis in the United States decreased 89.7% between 1990 and 2000, the rate of primary and secondary syphilis increased from 2001 to 2005. The rate of primary and secondary syphilis in the United States in 2005 (3.0 cases per 100,000 population) was 11.1% higher than the rate in 2004 (2.7 cases per 100,000 population).<sup>1</sup>

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