CASE REPORT

A 38 years old male patient, infected by human immunodeficiency virus (HIV) for six years and six months, without adhering to antiretroviral therapy since diagnosis he presented the main complaint as “the presence of a wound on his penis” for 30 days. Initially it was diagnosed as “candidiasis” in a service, and was treated with ketoconazole 200 mg/day and nystatin 100,000 IU (units per gram) cream for 10 days without clinical improvement.

Then in another service it was requested VDRL (Venereal Disease Research Laboratory) and FTA-Abs (fluorescent treponemal antibody absorption) with negative results, diagnosed with HSV (Herpes simplex virus) infection he used acyclovir 200 mg, 5 x/day, PO, for 7 days, with no difference to the same lesion. In another appointment with a dermatologist, after anamnesis the patient stated that he did not have an exclusive steady partner, he had a sporadic use of condoms and his last sexual intercourse had occurred 20 days before the onset of the lesion. His CD4 (CD4 lymphocytes) count was 250 mm³ and HIV viral load 90,000 copies/mm³ of and he was under use of Highly Active Antiretroviral Therapy (tenofovir, lamivudine and efavirenz).

Clinical examination showed a lesion in the glans of the penis involving the urethral meatus, with raised edges, well defined, measuring about 3.0 cm in diameter and clean background, odorless, with right inguinal lymphadenopathy, suggestive of “syphilitic hard chancre” (Figure 1 – A and B). VDRL titling was conducted with 1/8 and value of 1/16 after 10 days. Benzathine penicillin was prescribed and the patient refused the treatment. However, the patient was seen by another professional who prescribed after diagnosis doxycycline 100 mg PO 12/12 h for 14 days, which was followed showing complete regression of the lesion in 3 weeks. Even without making use of penicillin and azithromycin, he performed control of cure with no treponemal serology quantitative test for 3 in 3 months during the first year and then was discharged.

REFERENCES


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