

# Gastric Syphilis: An Unusual Etiology of Melena in a Patient With AIDS

Neelima Gaddipati, MD<sup>1</sup>, Andrew R. Scheinberg, MD<sup>2</sup>, Satyapal Chahar, MD<sup>3</sup>, Elizabeth Montgomery, MD<sup>3</sup>, Monica T. Garcia-Buitrago, MD<sup>3</sup>, and Daniel A. Sussman, MD MSPH<sup>2</sup>

<sup>1</sup>Department of Internal Medicine, University of Miami/Jackson Health System, Miami, FL

<sup>2</sup>Division of Digestive Health and Liver Diseases, University of Miami/Jackson Health System, Miami, FL

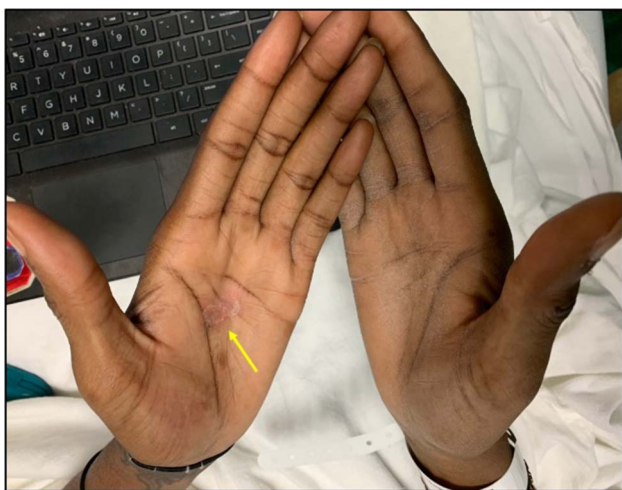
<sup>3</sup>Department of Pathology, University of Miami/Jackson Health System, Miami, FL

## CASE REPORT

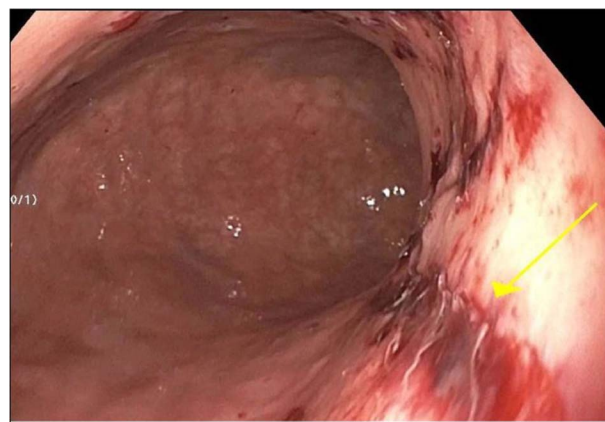
A 23-year-old man with acquired immunodeficiency syndrome, nonadherence to antiretrovirals, and recent genitourinary gonorrhea/chlamydia presented with 3 months of subjective weight loss and 2 days of diarrhea, varying between melena and bright red blood per rectum. Initial examination was notable for tachycardia to 115 beats per minute, a discrete macular rash on palms and soles (Figure 1), and absence of genital chancre. Laboratory studies indicated normocytic anemia with Hgb 6.2 mg/dL and negative rapid plasma reagin, positive *Treponema pallidum* antibodies through particle agglutination and antibody absorption tests, suggestive of previous exposure to syphilis.<sup>1</sup> Blood and stool studies were negative for infectious organisms usually noted to cause acquired immunodeficiency syndrome-related diarrhea. Esophagogastroduodenoscopy demonstrated a “cracked” mucosal appearance with CO<sub>2</sub> insufflation and oozing linear erosions on the lesser curvature of the stomach (Figure 2). Separate immunohistochemical stains for both *T. pallidum* (Figure 3) and *Helicobacter pylori* were both reactive (Figure 4). The patient was treated with penicillin injection and doxycycline for both syphilis and *H. pylori* as part of quadruple therapy. Gastric syphilis is a rare presentation of overt gastrointestinal bleeding with limited case reports describing diffuse erythema with multiple erosive lesions seen on esophagogastroduodenoscopy.<sup>2,3</sup>

## DISCLOSURES

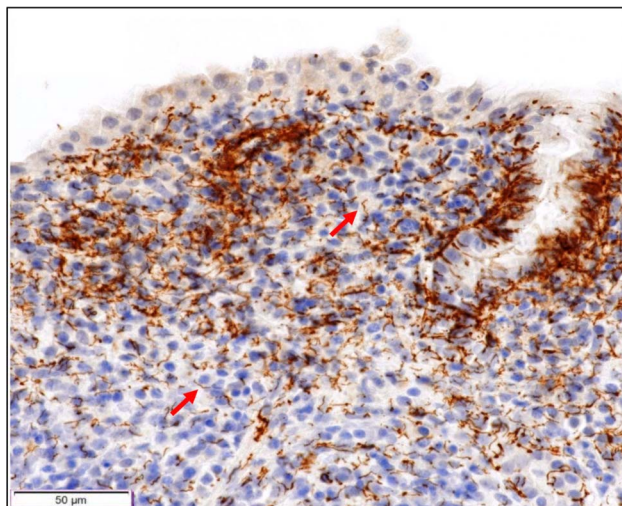
Author contributions: N. Gaddipati wrote the manuscript and is the article guarantor. A. Scheinberg revised the manuscript and provided the endoscopic images. S. Chahar provided the pathology images. E. Montgomery and M. Garcia-Buitrago provided pathology images and revised figure labels. D. Sussman revised the manuscript.



**Figure 1.** Mildly hyperpigmented discrete macular rash noted on palms.



**Figure 2.** Lesser curvature of the stomach visualized on esophagogastroduodenoscopy. Yellow arrow highlighting linear erosions appearing after insufflation.



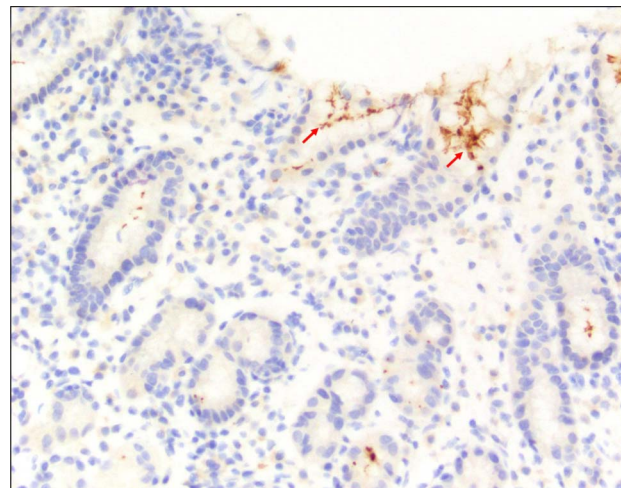
**Figure 3.** Immunohistochemistry *Treponema pallidum* stain of gastric biopsy. *T. pallidum* spirochete organisms (brown spirochetes highlighted by red arrows) overlying antral and oxyntic mucosa (blue). Mucosa demonstrates severe active erosive chronic gastritis and intestinal metaplasia.

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Informed consent was obtained for this case report.

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**Figure 4.** Immunohistochemistry *Helicobacter pylori* stain of gastric biopsy. *H. pylori* spirochetes noted with red arrows.

## REFERENCES

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