

# Syphilitic myositis

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Although aching muscles may be part of the generalized symptomatology of early syphilis, its presentation as a frank myositis is very rare.

## Case report

A 59-year-old factory manager was admitted for repair of an inguinal hernia on August 17, 1971. He was a passive homosexual and known to be allergic to penicillin. He had had a carcinoma of the bladder treated by transurethral resection in 1970 and repeated check cystoscopies had shown no evidence of recurrence. For 10 days he had had an erythematous maculopapular rash on the trunk and limbs with erythema of the axillae. There was no itching and the eruption was already fading. The hernia was repaired and he went to Spain for convalescence.

He was re-admitted to hospital on October 5, 1971. For 2 weeks his legs had become progressively weak, and he had pain 'like toothache' in the thighs and calves which was made worse by lying down and relieved by hot baths and pentazocine. He had great difficulty getting into a bath or bed.

## Examination

There was a fever of 36.6°C and the faded rash was still visible. The thigh and calf muscles were tender to palpation. He could barely lift his legs off the bed and hip extension showed M.R.C. grade 4 weakness. There was no wasting and power was normal in all other muscle groups. No abnormalities of tone, reflexes, or sensation were found and there were no sphincteric disturbances. No other signs of syphilis were seen.

## Laboratory investigations

Hb 13.5 g./100 ml.; W.B.C. 8,700/cu. mm. with normal differential count; E.S.R. 74 mm./hr (Westergren); serum albumin 3.1 g./100 ml.; serum globulin 4.4 g./100 ml.; serum creatine phosphokinase 38 i.u./l. (normal 0-80 i.u./l.); blood cardioplipin WR positive; VDRL test positive at 1/32; Reiter protein CFT positive.

Cerebro spinal fluid under normal pressure; less than 1 cell/cu. mm.; protein 60 mg./100 ml.; sugar 70 mg./100 ml.; no growth on culture; Lange curve 1111100; W.R. and Reiter protein CFT negative.

Electromyogram (right rectus femoris) normal; muscle biopsy (left rectus femoris)—normal fibres; perivascular lymphocytic infiltration, no endarteritis.

## Treatment

He was treated with oral tetracycline 500 mg. four times daily for 10 days, during which period the weakness improved. The pain persisted for a further month and was relieved by phenylbutazone.

## Result

On December 13, 1971, he was without symptoms. The blood WR and VDRL and Reiter protein CF tests were negative at this time and again on March 10, 1972.

## Discussion

Muscle weakness in syphilis is more usually the result of spinal cord or root involvement in the later stages. The direct affection of skeletal muscles is uncommon, although several case reports have appeared in the continental literature. In the primary and secondary stages generalized myalgia is a common symptom but its presentation as an inflammatory myopathy is rare. A case similar to, but severer than, the one described was reported by Towpik and Mrozek (1965). Their patient developed a painful proximal myopathy within 3 months of noticing a primary lesion. No rash or lymphadenopathy was found. The electromyogram was myopathic and biopsy showed fibrosis and minimal inflammatory changes between the fibres with no perivascular cellular infiltration. In the present case no electrical abnormality was detected and the only change found on biopsy was mild perivascular lymphocytic infiltration. Towpik and Mrozek (1965) found CSF changes but did not say what these were. In our case a slight rise in protein content was the only abnormality found. In both cases antibiotic treatment was soon followed by clinical recovery.

An even rarer manifestation of the secondary stage of syphilis is contracture of the biceps muscles which also responds well to therapy (Bories, 1910). Gummata are occasionally found in skeletal muscles and

these may resolve with treatment (MADERNA, 1914; MILIAN, 1925). A diffuse woody myositis occurs in the tertiary stage. This affects the proximal limb muscles and tongue and responds poorly to treatment (FONTE, 1918; LÉVY-FRANCKEL, 1918; LAHMEYER, 1921). A similar condition has been described as a result of congenital syphilis by JEANSELME (1922) who pointed out its similarity to a dystrophy.

### Summary

A case of myositis associated with secondary syphilis is described. Complete recovery occurred after antisyphilitic treatment.

### References

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### Myosite syphilitique

#### SOMMAIRE

On décrit un cas de myosite accompagnée d'une syphilis secondaire. La guérison complète survint après un traitement antisyphilitique.