

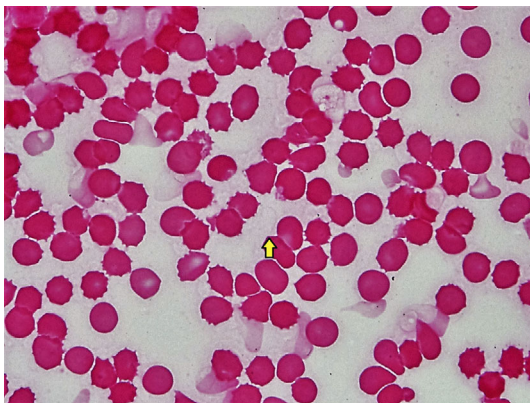
The Diagnosis of Secondary Syphilis by Gram and Giemsa Staining

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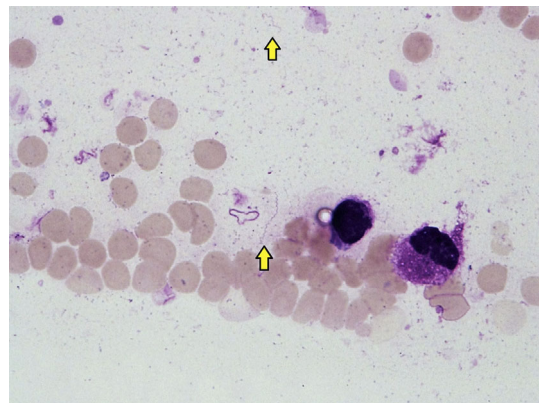
Key words: syphilis, Gram stain, Giemsa stain

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Picture 1.



Picture 2.

A 21-year-old man presented with a painless ulcer on the penis, which had been present for 4 weeks, and diffuse, symmetrical erythematous maculopapules on the trunk, extremities, palms, and soles, which had been present for 1 week. Gram staining of bloody exudate from his chancre revealed very weakly Gram-negative spiral rods (Picture 1; $\times 1,000$). We therefore performed Giemsa staining, which revealed spiral-shaped bacteria (Picture 2; $\times 1,000$; arrows) that were thought to be spirochetes. The rapid plasma regain (titer, 1:128) and *Treponema pallidum* latex agglutination test results were positive. The patient was treated with anti-syphilitic medication. His cutaneous lesions and chancre resolved within 2 weeks after treatment.

Darkfield microscopy, a representative method for the direct detection of *T. pallidum*, can detect spirochetes in patients with early-stage syphilis who are nonreactive to serologic tests; however, this is not performed at all facili-

ties (1). If syphilis is suspected, Giemsa staining should be performed in addition to Gram staining; these simple tests might aid in the early diagnosis of syphilis.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Radolf JD, Tramont EC, Salazar JC. Syphilis (*Treponema pallidum*). In: Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases. 8th ed. Bennett JE, Dolin R, Blaser MJ, Eds. Saunders, Pennsylvania, 2015: 2684-2709.

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