

mentioned in the literature but the nature of this combination (coexistence?) remains unknown.

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## Leukaemia Cutis Mimicking Primary Syphilis

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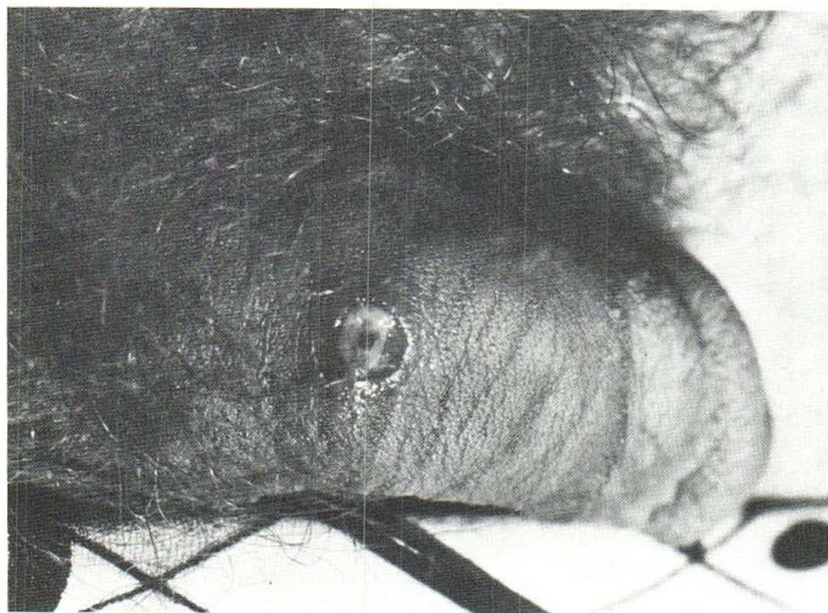
**Abstract.** A 22-year-old man with acute leukaemia developed an indurated penile ulcer and regional lymphadenopathy. A biopsy of the lesion revealed a leukaemic infiltrate. The lesion showed a response to radiotherapy.

**Key words:** Acute leukaemia; Penile ulcer; Leukaemia cutis

In leukaemia, specific cutaneous deposits are uncommon on the genitalia (2). We have treated a patient with acute leukaemia who had a specific deposit which clinically resembled a syphilitic chancre. We wish to report this rare manifestation of leukaemia cutis.

#### CASE REPORTS

A 19-year-old male was diagnosed as having acute, undifferentiated leukaemia in 1975. Remission was achieved with cytotoxic therapy but he suffered several relapses over the succeeding years, each relapse being successfully



*Fig. 1.* The ulcerated lesion on the penis.

treated. In December 1978 he was referred to the dermatologists with a penile ulcer and regional lymphadenopathy. At the time his leukaemia was in remission. He stated that the ulcer arose without any preceding lesion having been present. The ulcer was 5 mm in diameter, slightly indurated and had an erythematous halo. The groin lymph nodes were enlarged, firm, but pain-free (see Fig. 1).

Swabs taken from the ulcer gave cultures of *Staphylococcus aureus* only. Herpes simplex virus could not be cultured, nor could it be seen with electron microscopy. *Treponema pallidum* could not be demonstrated by dark ground illumination and syphilis serology was negative.

The ulcer did not heal with adequate doses of penicillin given parenterally, nor with adequate doses of tetracycline given orally. Partial resolution occurred during a course of cytotoxic therapy given for a leukaemic relapse. A biopsy sample taken at this stage showed a dense dermal infiltrate of immature lymphocytes. Once the diagnosis of leukaemia cutis was made, deep X-ray therapy was given to the nodes and they began to resolve. Unfortunately the patient developed septicaemia and died soon after. Death occurred 4 months after the penile lesion manifested itself.

#### COMMENT

There have been few reports of genital ulcers with leukaemic deposits (1-6). Both men and women have been affected, their ages ranging from the mid-thirties to the mid-sixties and all had suffered from chronic lymphocytic leukaemia which had been diagnosed before the genital lesions occurred. One patient had specific cutaneous deposits elsewhere (5) and another had axillary ulcers similar to those on her vulva (4). The correct diagnosis of

the genital lesion was not made at first; rather, venereal disease was suspected until a biopsy was taken.

Our patient differs from the others in that he was younger and he suffered from acute, undifferentiated leukaemia. It is important to be aware of this manifestation of leukaemia cutis, as the prognosis in leukaemia is poor when specific cutaneous deposits are present (2).

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