

# Letters to the Editor

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## Serologic Cross-Reactivity of Syphilis, Yaws, and Pinta

**Original Article:** Syphilis: A Reemerging Infection

**Issue Date:** September 1, 2012

**Available at:** <http://www.aafp.org/afp/2012/0901/p433.html>

TO THE EDITOR: The authors of this article stressed the importance of history, physical examination, and serology in the diagnosis of syphilis. Difficulties can arise when an asymptomatic person who has lived or traveled outside of the United States presents with a positive serology. In addition to *Treponema pallidum* subsp *pallidum*, the cause of syphilis, two non-sexually transmitted diseases, yaws (*T. pallidum* subsp *pertenue*) and pinta (*T. carateum*), have the same positive serology. Yaws is prevalent in Africa, Southeast Asia, and the Western Pacific.<sup>1</sup> Pinta has occurred mostly in South America and the Caribbean.<sup>2</sup> Both yaws and pinta are spread by skin-to-skin contact with infected lesions.

During the initial symptomatic stages, clinical manifestations help in the diagnosis. Yaws presents with an initial primary lesion (papilloma) that is often ulcerative. This lesion has also been described as a framboise (raspberry). After the primary lesion resolves, the secondary lesions appear a few weeks to two years later and resolve without skin scarring.<sup>3,4</sup> Pinta presents with a papule or erythematous lesion that is initially hyperpigmented but that becomes depigmented with time.<sup>5</sup>

Serologic tests for the diagnosis of syphilis (i.e., Venereal Disease Research Laboratory test, rapid plasma reagins test, and fluorescent treponemal antibody absorption assay) are also reactive for pinta and yaws. In addition, it is extremely difficult to differentiate yaws from syphilis in an asymptomatic patient.

The U.S. Department of Health and Human Services stresses the importance of taking a thorough sexual history to assist in differentiating among the treponemal diseases.<sup>6</sup> Penicillin G benzathine is the recommended treatment for all three treponemal diseases; a single dose is adequate for yaws, pinta, and primary syphilis, but inadequate for late latent and tertiary syphilis. It is important for clinicians to appropriately diagnose yaws and pinta to guide treatment duration and to avoid inadvertent psychological harm from making the incorrect diagnosis of a sexually transmitted disease.

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EDITOR'S NOTE: This letter was sent to the authors of "Syphilis: A Reemerging Infection," who declined to reply. ■