

**Reply to “Comment on  
‘Histopathologic features  
distinguishing secondary syphilis  
from its mimickers’”**



*To the Editor:* We appreciate the comments by Drs Menzinger and Fraitag. They note findings in their previously published study that might be of use in differentiating between syphilis and pityriasis lichenoides histologically—namely, necrotic keratinocytes in the upper epidermis, pallor of the upper epidermis, red blood cell extravasation and red blood cell exocytosis, and a deep perivascular and periadnexal inflammatory infiltrate.<sup>1</sup> Secondary syphilis is often called the great imitator, because it can manifest in myriad ways both clinically and histologically. As we noted in our recently published study, there is considerable overlap between pityriasis lichenoides and secondary syphilis histopathologically.<sup>2</sup> Although some findings may be of use to differentiate between the 2 entities, it should be stressed that no feature is reliable in all cases. For example, lesions of secondary syphilis can show erythrocyte extravasation, and other studies have noted a deep perivascular inflammatory infiltrate<sup>3</sup> and periadnexal inflammation.<sup>4</sup>

No single feature is 100% reliable, and given the degree of possible overlap, it is still of utmost importance that dermatopathologists maintain a high degree of suspicion for secondary syphilis. Both clinically and histologically, the skin manifestations of secondary syphilis and PL can have considerable overlap, and immunohistochemical and serologic studies may be needed when encountering a differential diagnosis containing these 2 entities.

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