Images in Clinical Practice

Wimberger's Sign

A two-month-old female infant presented with an acute onset illness of 2 days duration, characterized by loose stools and abdominal distension, probably secondary to administration of antimotility agents. Once the distension subsided, hepatosplenomegaly (2 cm and 3 cm, respectively) became evident. A close scrutiny revealed mild peeling of skin at finger tips. A X-ray of the knee was then ordered to look for the evidence of intra-uterine infections. The radiological findings *(Fig. 1)* indicated the possibility of congenital syphillis. The diagnosis was subsequently confirmed by serological tests in the baby and parents. Patient was treated with intravenous crystalline penicillin for 14 days.

Bony involvement occurs frequently in congenital syphilis and is usually multiple and symmetrical. The metaphyses and diaphyses of long bones are most often involved. The lesions include osteochondritis (metaphysitis), osteomyelitis and periosteitis. Bony lesions are more indicative of a diagnosis of congenital syphilis than any other single clinical parameter.

The earliest and most characteristic changes occur in the metaphyses and are usually present at birth or appear shortly thereafter. Wimberger's sign is the presence of bilateral, symmetrical and well defined metaphyseal defects on the medial surface of upper tibia. With a few exceptions this sign is pathognomonic of congenital syhilis. Usually at this stages there are no clinical signs other than irritability and/

Fig. 1. An anterio-posterior radiograph of both lower limbs showing bilateral, symmetrical and well defined osseous destruction (arrows) at the proximal tibial metaphyses (Wimberger's sign).

or pseudoparalysis to suggest osseous involvement. Although these radiographic signs are known to resolve spontaneously, therapy with penicillin is mandatory once the diagnosis of congenital syphilis is made.

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