IMAGES IN CLINICAL MEDICINE

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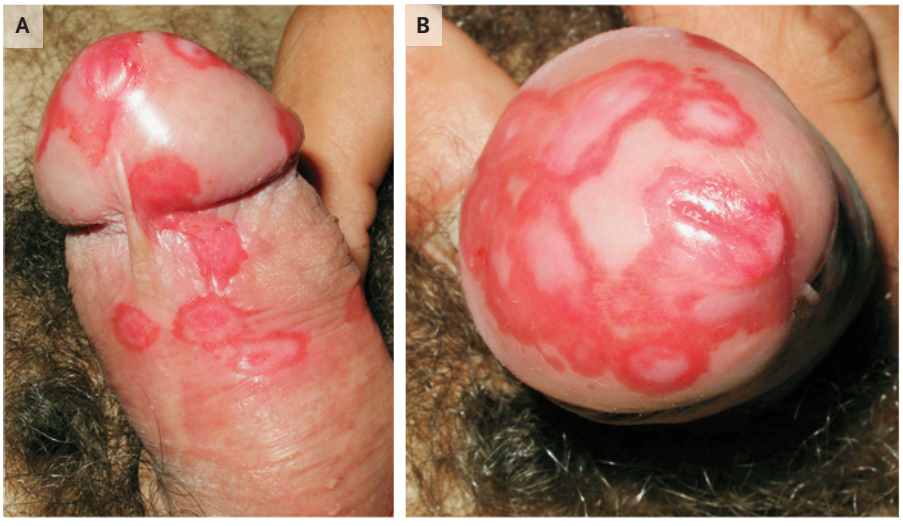
Circinate Balanitis



A 37-year-old man presented to the emergency department with a 7-day history of genital lesions. He also had weight loss (approximately 4 kg), fatigue, and back pain but no gastrointestinal symptoms. Two months before presentation, he had had dysuria and urethral discharge, both of which resolved spontaneously. He took no medications on a regular basis, and his medical history was unremarkable. Physical examination revealed erythematous, well-demarcated annular plaques on the glans penis and meatal inflammation (Panels A and B). He also had conjunctival injection in both eyes. The patient had a positive test result for infection with the human immunodeficiency virus (HIV), with a viral load of 15,000 copies per milliliter. His CD4 T-cell count was 172 per microliter. A test for rheumatoid factor was negative, and a test for HLA-B27 was positive. A serum sample was obtained to evaluate the patient for infection with hepatitis B virus, hepatitis C virus, and syphilis; the test results were negative. Infection with *Chlamydia trachomatis* was detected on nucleic acid amplification testing with a sample from a urethral swab. A single oral dose of 1 g of azithromycin was administered, and antiretroviral therapy was started. During the next month, the circinate balanitis persisted. Topical tacrolimus 0.1% was administered, and the patient had complete remission within the next 10 days.

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