Clinical records

Bejel

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BEJEL is considered as a variety of non-venereal syphilis. It is prevalent among bedouin Arabs. The causative treponeme is indistinguishable from that of syphilis. It is a disease of the whole community like ordinary fevers. Bejel is acquired in childhood, and more than 60 per cent of the population are said to be infected before puberty. The infection is transmitted from one child to another in the acute stage probably through drinking vessels.

No primary lesion is usually seen. Lesions of the secondary type consist of generalized papular eruptions. Mucous patches, genital and perineal condylomata are common. In about a year, the lesions disappear, and the child appears healthy. Many years later gummata of nasopharynx, larynx, skin and bones frequently appear, but there is no involvement of the cardiovascular or nervous systems. There is no evidence of infection *in utero*. W.R. and Kahn tests are positive in bejel.

Differentiation from syphilis is made on clinical grounds. Treatment consists of a single dose of 1·2 mega units of P.A.M. (procaine penicillin with 2 per cent aluminium monostearate). This dose is doubled if there is evidence of bone involvement.

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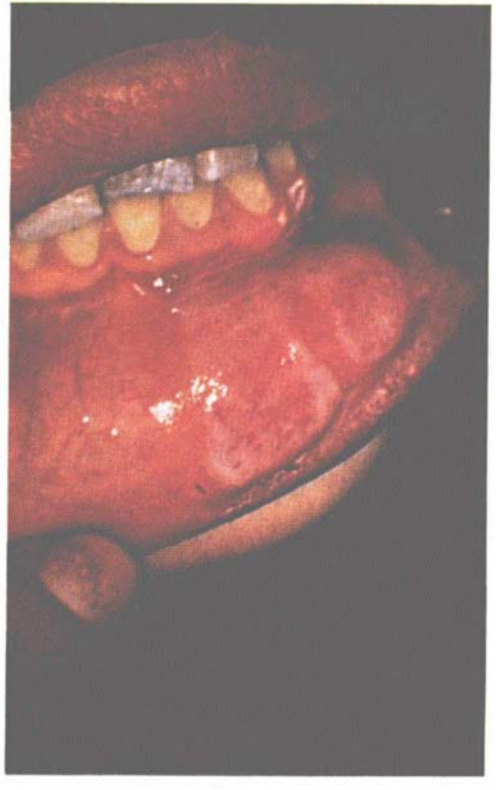
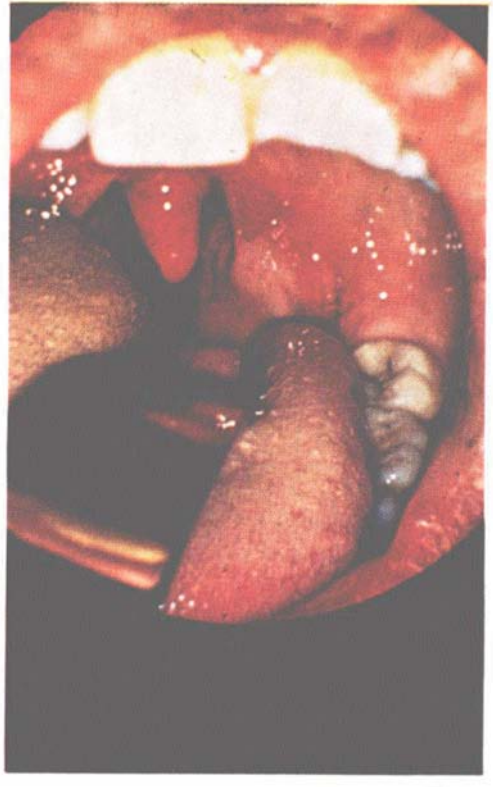
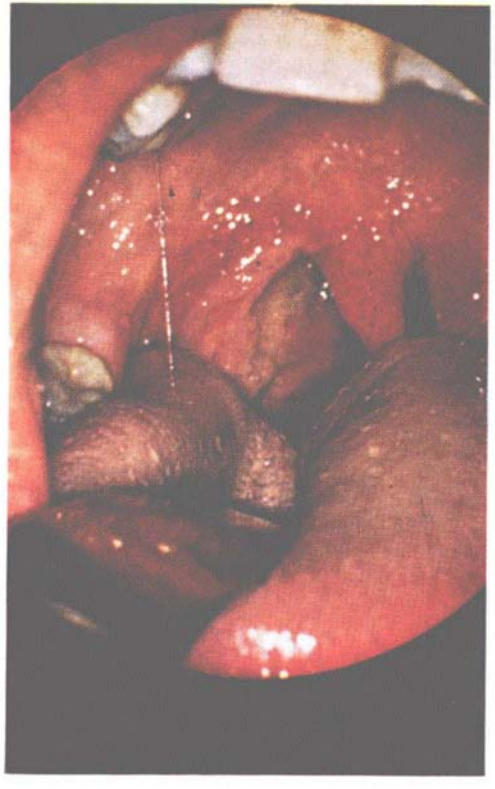


FIG. 1.
Greyish white bejel mucous patches of the lip in an 8-year-old girl.





FIGS. 2 AND 3.
Faucial bejel mucous patches in the same girl.