DOI: 10.14744/ejmi.2019.14845
EJMI 2020;4(1):123–125

Case Report

Secondary Syphilis Presented with Oral Ulcers as the Great Imitator

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Abstract

Syphilis with an increasing incidence is still a disease of worldwide. Untreated patients with syphilis might progress to a systemic illness that represents secondary syphilis. Clinical features of secondary syphilis are varied and named as great mimicker. This case was presented to emphasize the importance of considering syphilis in patients with atypical oral lesions and ulcerations to decrease the rates of the disease and to prevent the complications.

Keywords: Oral ulcer, syphilis, treponema pallidum

Cite This Article: *Pancar Yuksel E. Secondary Syphilis Presented with Oral Ulcers as the Great Imitator. EJMI 2020;4(1):123–125.*

Syphilis is a sexually transmitted infection caused by Treponema pallidum and characterized by different clinical manifestations. Classic chancre is the initial clinical manifestation of infection and heals spontaneously within three to six weeks even in the absence of treatment. Although chancre represents an initial local infection, untreated individuals might develop a systemic illness that represents secondary syphilis.[1, 2]

Clinical features of secondary syphilis are diverse and named as "Great Mimicker". A generalized, non-pruritic, pink to violaceous or brown papulosquamous eruption is the most common cutaneous presentation for secondary syphilis. Nodular, pustular, acneiform lesions could be seen. Oropharyngeal lesions are not rare in secondary syphilis and they are generally represented as mucous patches, plaques and ulcers.[3, 4] But they can be overlooked in the absence of a history of genital chancre. So we want to remind the secondary syphilis in the differential diagnosis of oral mucosal lesions by presenting this case.

Case Report

A 37 year-old man presented to the dermatology department with ulcerated lesion on the lip. He had this complaint for two months. He did not experience any symptom impairing general condition and did not describe any genital ulceration. Clinical examination revealed shallow ulceration on the upper lip as well as mucous plaques on the dorsum of the tongue (Figs. 1, 2). They were not painful. Besides the oral lesions, papulosquamous lesions were recognized on the palms during dermatological examination. Rapid Plasma Reagin (RPR) and Treponema pallidum hemagglutination (TPHA) tests were both positive. The patient was treated by benzathine penicillin G 2.4 million units per week intramuscularly.

Discussion

Secondary syphilis is characterized by dissemination of the microorganism to tissues in patients who do not receive appropriate treatment in the primary stage. T. pallidum

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Submitted Date: November 01, 2019 **Accepted Date:** December 31, 2019 **Available Online Date:** January 16, 2020

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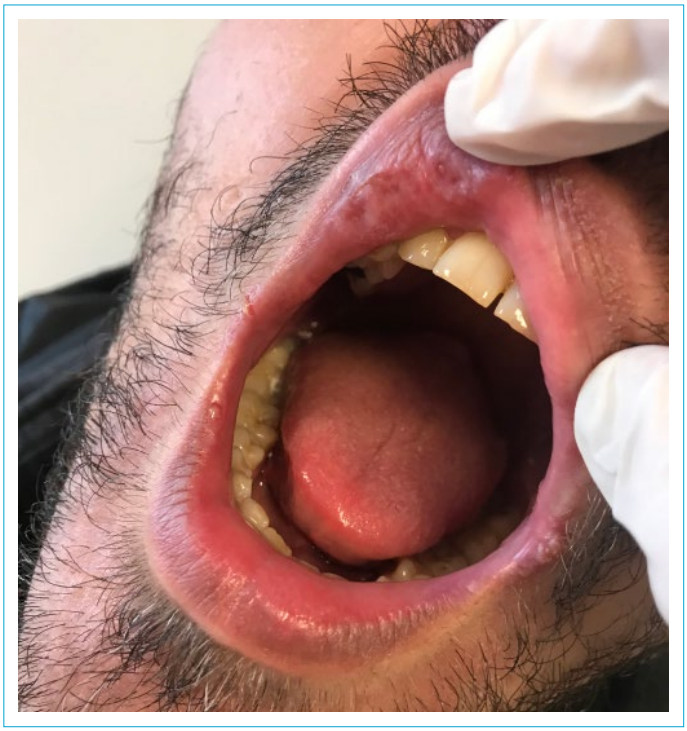

Figure 1. Ulceration on the upper lip.

Figure 2. Mucous plaques on the dorsum of the tongue.

causes bacteremia and the disease becomes a systemic infection. This secondary stage is characterized by wide variety of clinical symptoms involving the skin and the other organs as well as constitutional signs such as fever, malaise, myalgias, arthralgias, and generalized lymphadenopathy.[5, 6]

Skin lesions of secondary syphilis are varied and macular, papular, maculopapular, papulosquamous, lichenoid, nodular, and pustular lesions could be observed. Among them the most commonly observed clinical presentation is a generalized, non-pruritic papulosquamous eruption. These lesions could be confused with many other dermatological diseases such as viral exanthems, psoriasis, lichen planus. Symmetric macular eruption with papules may be present on palms and soles.[7, 8] Different presentations are also possible.[9–11]

Mucosal lesions might be seen on the buccal mucosa, tongue, and lips as superficial ulcers or large gray plaques. Fissured papular lesions could be present at the commissures. Without a history of chancre diagnosis of mucosal lesions might be difficult, even they can be confused with leukoplakia, oral lesions of lichen planus. Fungal infection, drug related manifestation, pemphigus, granulomatous inflammation are the other possible differential diagnoses.[1, 5, 7]

Syphilis has been increasing in incidence during the last years and it is still a disease of worldwide.[12] Different clinical presentations of untreated syphilis may appear more often than we think. We should not miss the mucocutaneous lesions of syphilis to decrease the rates of the disease and to prevent the complications. This case was presented to emphasize the importance of considering syphilis for the differential diagnosis of patients presenting with atypical oral lesions and ulceration.

Disclosures

Informed consent: Written informed consent was obtained from the patient for the publication of the case report and the accompanying images.
Peer-review: Externally peer-reviewed.

Conflict of Interest: None declared.

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