

A CASE OF SECONDARY SYPHILIS WITH CONDYLOMATA LATA LOCATION ON THE ORAL COMISSURE

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ABSTRACT

Condylomata lata are frequently observed in patients with secondary recurrent syphilis - up to 35% of cases (2). Their location on the oral commissure is a relatively rare finding, that comprises a matter of interest both for dermatologist and non-dermatologist specialists (6). The extra genital locations of condylomata lata can easily be omitted or misdiagnosed, especially in cases when other skin manifestation are absent.

Key words: syphilis, condylomata lata

A CASE HISTORY:

A 15 years old patient CMH №1792/99 with a diagnosis of secondary recurrent syphilis is presented. The disease dates a year back. Four months before admittance several small papules appeared on labia minora. A painless, pea-sized elevation developed 2 months later on the other site of the left mouth angle.

CLINICAL FEATURES:

The skin lesions are located in the genital region and on the left oral commissure. Flat topped and round lenticular and nummular papules with eroded and weaking surface are distributed over the inner surface of labia minora. A pink-red, firm, round, painless papule - 0,5 cm in diameter on indurated, broad base is observed on the left oral commissure. (photo1).

Lymph nodes - symmetrically enlarged, firm in the inguinal region.

Serology - RMT - strongly (+), VDRL - 3(+), RW - (+), TPHA-4(+)

Microbiology tests: *Treponema pallidum* is demonstrated in preparations from genital lesions.

Histopathology: biopsy № 100/99 from mouth angle - papillomatous skin growths with vascular stromal invasion round cell infiltration, predominantly by plasmatic cells. (Photo 2).

DISCUSSIONS:

The secondary late syphilis is characterized by considerably skin manifestations, due to spread of infection (1, 2). According to Haustein at all of their study of 1380 syphilis patients the various clinical lesions appear as follows: maculopapular -51%, condylomata lata 5%, palmoplantar syphilis -5%, syphilitic sore throat -3%, mixed eruption -30%.

The variety of manifestations and locations of skin eruption in secondary can easily confuse the correct diagnosis of gynecologist, surgeons, stomatologist, oncologist, etc., a number of cases being discussed in literature (1, 3, 5, 6).

According to Komory at all 1, 3% of patients with oral mucous lesions, treated in the oral surgery clinic of Tokyo University are seropositive (4). The errors in early syphilis diagnosis vary due to special characteristics, being most common in secondary stages (1, 6).

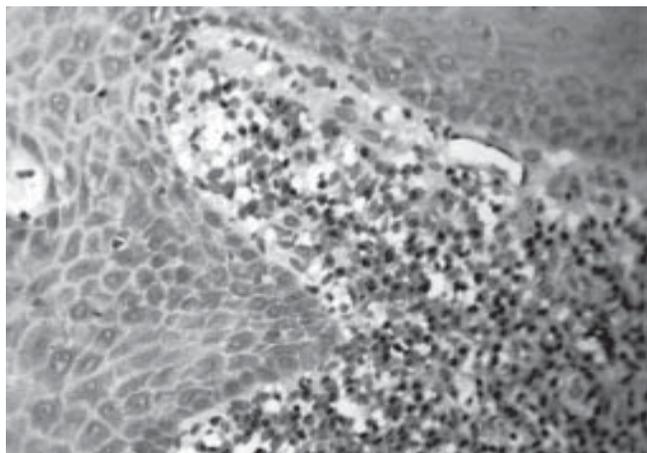
Spirov at all, report 7, 2% diagnostic errors, made by non dermatologists in 720 early syphilis cases. The correct diagnosis and treatment of these 52 patients were delayed for 2364 days (median delay - 45, 5 days per patient). The delay was most prolonged for oncologists and otolaryngologists specialists (1).

The presented case of condylomata lata located on the oral commissure confirms the necessity of syphilis manifestation being well recognized both by dermatologist and non-dermatologists. The correct clinical thinking reduces the risk of yatrogenic syphilis and provides an early diagnosis and adequate treatment and excludes epidemiologic spreading of infection.

Photo 1. Condylomata lata anguli oris.



Photo 2. Condylomata lata – histology, H&E, x100.



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