

Images in Infectious Diseases

Secondary syphilis: a woman with flat condyloma

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A 27-year-old woman presented to her general practitioner with a 2-month history of tongue lesions (**Figure 1**), generalized arthralgia, and adenomegaly. Her physician requested general tests and human immunodeficiency virus (HIV) serology, which were negative, and neck ultrasound, which revealed reactionary cervical adenomegaly. She was referred to a dental surgeon and dermatologist for further physical examination, which showed exanthema (**Figure 2**). Secondary syphilis was hypothesized, and a venereal disease research laboratory (VDRL) test was requested (titer 1:256). She was then diagnosed with secondary syphilis flat condyloma.

Syphilis is a systemic, progressive infection caused by *Treponema pallidum*, involving temporary skin and mucous membrane lesions that spontaneously heal, falsely suggesting cure. Thus, many infected patients do not seek medical help and continue spreading the pathogen, mainly through sexual contact^{1,2}, partially explaining the 12 million new syphilis infections yearly worldwide, with a tendency to increasing incidence^{2,3}.

Most of the syphilis cases are usually detected among men who have sexual intercourse with men. Therefore, HIV coinfection is common¹. Syphilis has four classic stages: primary, secondary, latent, and tertiary. The most common secondary stage manifestations are mucocutaneous lesions (including nonpruritic rash) and lymphadenopathy^{2,3}. Oral lesions may appear in the primary stage but tend to arise in the secondary stage. Distinguishing oral cavity features include painless ulcers or irregular mucosal plaques primarily affecting the tongue, lips, and jugal mucosa. Oral lesions usually contain excessive *T. pallidum* and are highly infectious^{1,2}.

Secondary syphilis may mimic several diseases, including cancer, rheumatic disorders, hanseniasis, seborrheic dermatitis, pityriasis rosea, and drug rashes, complicating clinical diagnosis^{1,2,3}. Arthralgia and ocular impairment occur rarely.



FIGURE 1: A 27-year-old woman's tongue with secondary syphilis flat condyloma. **FIGURE 2:** Exanthema of the secondary syphilis.

The treatment of choice is penicillin^{2,3}.

The present article highlights unusual clinical aspects of an ancient but reemerging infectious disease and may assist physicians and dental surgeons to diagnose syphilis. Introducing early, adequate treatment will reduce its spread.

Conflict of interest

The authors declare that there are no conflicts of interest.

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