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. 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

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
causes bacteremia and the disease becomes a systemic in-
fection. This secondary stage is characterized by wide vari-
ety of clinical symptoms involving the skin and the other or-
gans as well as constitutional signs such as fever, malaise,
myalgias, arthralgias, and generalized lymphadenopathy.[5, 6]
Skin lesions of secondary syphilis are varied and macu-
lar, 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 derma-
tological 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 commis-
sures. 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 in-
flammation are the other possible differential diagnoses.[3, 5, 7]
Syphilis has been increasing in incidence during the last
years and it is still a disease of worldwide.[12] Different clin-
ical presentations of untreated syphilis may appear more
often than we think. We should not miss the mucocutane-
ous 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 atypi-
cal oral lesions and ulceration.

Disclosures
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from the patient for the publication of the case report and the
accompanying images.
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