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**Figure 1** – Eroded erythematous plaque on the balanopreputial groove with edema and firmness on palpation of the foreskin and glans

A 22-year-old man presented with a three-week history of an indurated, mildly painful erythematous plaque on the balanopreputial groove (Fig. 1). Non-tender inguinal lymphadenopathies were present. He reported unprotected sex four weeks before. Serological tests for syphilis revealed a positive RPR test (1:8) and a reactive TPHA test. Syphilitic balanitis of Follmann was suspected and the patient was treated with doxycycline 100 mg bid for two weeks (because he reported previous penicillin allergy), with clinical

resolution in two weeks and negative RPR at six months. The most common manifestation of primary syphilis is an ulcer at the inoculation site of *Treponema pallidum*.<sup>1</sup> Balanitis is rare, and it may be the only manifestation – as in our case – or it may accompany or follow the course of the classical primary chancre.<sup>1,2</sup> The aim of this article is to raise awareness about the importance of diagnosing syphilis ('the great imitator') in the presence of balanoposthitis and of an appropriate epidemiological context.

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### **AUTHORS CONTRIBUTION**

FB: Conception of the work, draft of the manuscript, data acquisition, image shooting, literature review.

DC: Draft of the manuscript, literature review.

JA: Conception of the work, critical review of the paper, literature review.

### **PROTECTION OF HUMANS AND ANIMALS**

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in 2013.

### **DATA CONFIDENTIALITY**

The authors declare having followed the protocols in

use at their working center regarding patients' data publication.

### **PATIENT CONSENT**

Obtained.

### **COMPETING INTERESTS**

The authors have declared that no competing interests exist.

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