

Unusual Presentation of Secondary Syphilis in the Oral Cavity

Apresentação Incomum de Sífilis Secundária na Cavidade Oral

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Figure 1 – (A) Slightly elevated and serpiginous lesion of the soft palate involving the palatoglossal arches bilaterally, surrounded by an irregular erythematous border; (B) Anti-*Treponema pallidum* antibody in immunohistochemistry showing multiple spirochetes in the lower part of the epithelium and in the vascular wall of the subepithelial connective tissue.

A 40-year-old woman was referred to the Otolaryngology department due to odynophagia and a soft palate lesion she had noticed two months ago. She denied other symptoms and had been receiving treatment with oral antibiotics, corticosteroids, and topical antifungals without any improvement.

She had no relevant prior medical history and did not disclose any risk factor for sexually transmitted diseases.

Apart from an elevated serpiginous soft palate lesion (Fig. 1A), the physical examination was unremarkable. An incisional biopsy revealed the presence of *Treponema pallidum* (Fig. 1B). Both TPHA testing and the VDRL test were positive. A diagnosis of secondary syphilis was established.¹

The patient received treatment with intramuscular penicillin 2.4 million I.U.¹ with complete remission.

Known as ‘the great imitator’,² syphilis can present as a myriad of signs and symptoms. Recognition of unusual oral presentations³ like the presented case is key for a prompt diagnosis, especially in cases without any reported high-risk sexual behaviors.

AUTHOR CONTRIBUTIONS

LC, BH: Clinical and scientific description.

JMT: Iconography and histopathological caption.

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.

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PATIENT CONSENT

Obtained.

COMPETING INTERESTS

The authors have declared that no competing interests exist.

REFERENCES

1. Center for Disease Control and Prevention. Sexually transmitted infections treatment guidelines. 2021. [cited 2022 Jul 22]. Available from: <https://www.cdc.gov/std/treatment-guidelines/syphilis.htm#print>.
2. Çakmak SK, Tamer E, Karadağ AS, Waugh M. Syphilis: a great imitator. Clin Dermatol. 2019;37:182–91.
3. Carbone PN, Capra GG, Nelson BL. Oral secondary syphilis. Head Neck Pathol. 2016;10:206–8.

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