Unusual Presentation of Secondary Syphilis in the Oral Cavity

Apresentação Incomum de Sífilis Secundária na Cavidade Oral

Liliana CARVALHO1, Berta HESPANHA2, Joaquim TINOCO3
Acta Med Port (In Press) • https://doi.org/10.20344/amp.19043

Keywords: Mouth Diseases/diagnosis; Syphilis/diagnosis
Palavras-chave: Doenças da Boca/diagnóstico; Sífilis/diagnóstico

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.

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

Known as “the great imitator”, syphilis can present as a myriad of signs and symptoms. Recognition of unusual oral presentations 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.

1. Otolaryngology and Head and Neck Surgery Department. Hospital Professor Doutor Fernando da Fonseca. Lisboa. Portugal.
3. Pathology Department. Hospital Professor Doutor Fernando da Fonseca. Lisboa. Portugal.

Recebido/Received: 05/09/2022 - Aceite/Accepted: 28/12/2022 - Publicado Online/Published Online: 30/01/2023

Copyright © Ordem dos Médicos 2023
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.

PATIENT CONSENT
Obtained.

COMPETING INTERESTS
The authors have declared that no competing interests exist.

FUNDING SOURCES
This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

REFERENCES