

## Oral condyloma lata: A rare case report

Sir,

Syphilis usually begins with a distinct painless and indurated ulcer at the contact site: the primary chancre. After spontaneous healing of the primary lesion, the clinical symptoms of secondary syphilis occur which presents with generalized lesions on the skin and mucous membranes, primarily macules progressing to papules. Mucosal involvement of the oral cavity, genital tract, or both, is common in the form of condyloma lata, which are raised, fleshy, white to gray lesions. Condyloma lata

often develops without treatment of the primary chancre. A 50-year-old Hindu male presented with asymptomatic enlarging plaque since 1 month on hard palate. The patient had a 1 cm large asymptomatic lesion over hard palate. On inquiry, the patient said that initially the lesion was small grained sized which slowly increased to become coin sized over the next 1 month. There was a history of unprotected extramarital sexual intercourse 5 months back. There was no history of skin lesions and genital lesion.

On physical examination, there was the presence of a single broad flat well-demarcated erythematous whitish nontender, odor less plaque of size 3–4 cm on hard palate [Figure 1]. There were no other oral

and cutaneous lesions. On lab investigations, VDRL test was positive with titre 1:32. *Treponema pallidum* hemagglutination test was also positive. Serologic test for HIV was negative. There was no other systemic involvement. Laboratory investigations were within normal range.

On the basis of clinical and laboratory finding, the case was diagnosed as secondary syphilis with oral condyloma lata. The patient was treated with intramuscular benzathine penicillin G, 2.4 million units. The lesions disappeared within 1 week of treatment [Figure 2].

Syphilis has a worldwide health problem with potential to manifest multiple patterns of skin and visceral diseases. Secondary syphilis occurs



**Figure 1: Before treatment erythematous whitish plaque of size 3–4 cm on hard palate**



**Figure 2: Resolution after 1 week of treatment**

in up to 25% untreated patients manifest with systemic symptoms including malaise, fatigue, fever, and headache and a classical copper-colored maculopapular rash diffusely involving the trunk and extremities including the palms and soles, oral mucosal lesions; alopecia; and condylomata lata.<sup>[1,2]</sup> It can be treated easily if recognized early. Condyloma lata is one of the characteristic mucosal signs of secondary syphilis. Lesions in the oral cavity have been rarely reported.<sup>[3]</sup> Typically, they are gray or white, moist, verrucous papules or plaques commonly located in the anogenital area. Atypical sites include warm, moist or intertriginous, such as the umbilicus, axilla, inframammary folds and toe web spaces. Eventhough, in oral cavity nonpathogenic treponema are also present, they hardly have any clinical significance. Differential diagnoses include condyloma accuminata, verruca vulgaris, oral lichen planus, oral leukoplakia, Bowen's disease, squamous cell carcinoma, and oral candidiasis. The most specific test for the diagnosis of *T. pallidum* includes dark ground illumination microscopy. Although, serologic testing remains the mainstay, since *T. pallidum* cannot be cultured. The traditional algorithm uses a nontreponemal serologic test for screening followed by a specific treponemal antigen serologic test for confirmation.<sup>[4]</sup> Even though, the spectrum of syphilis depends on stage of patient's presentation, occurrence of purely oral lesions has been a rarely reported entity in literature. An awareness among at risk patients is the most effective way to prevent transmission, progression, and provide a prompt treatment.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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