



Case illustrated

Rounded atrophic areas on the dorsum of the tongue: *plaques en prairie fauchée* of secondary syphilis[☆]

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A 22-year-old male patient presented with a three-week history of initially asymptomatic lesions on the dorsum of the tongue that progressed to dysgeusia (distortion of taste), a burning tongue (especially with hot and spicy foods), and mild dysphagia. The patient had a diagnosis of HIV infection made 30 months earlier but was antiretroviral naïve. Primary syphilis had been diagnosed and treated 23 months previously. On clinical examination, there was cervical lymphadenopathy and several shallow, round to oval atrophic and erythematous erosions of the posterior aspect of the tongue, with loss of papillae (Fig. 1). There were no cutaneous lesions and physical examination was otherwise unremarkable. The CD4 cell count was 576 cells/ μ l and the plasma HIV viral load was 1181 copies (3.072 log)/ μ l. New serological assays yielded a Venereal Disease Research Laboratory (VDRL) titer of 1/512. Three consecutive weekly administrations of 2.4 million units of intramuscular benzathine penicillin G were prescribed and highly active antiretroviral therapy was started with lamivudine, tenofovir, and dolutegravir. One month later a complete clinical remission was recorded. Two months later the VDRL titer had dropped to 1/32.

Our patient presented with atrophic erythematous patches with loss of papillae on the dorsal aspect of the tongue, a highly suggestive sign of secondary syphilis that has been termed *plaques en prairie fauchée* (mowed meadow pattern) [1]. It is occasionally accompanied by a painful split papule at the oral commissure [2]. Oral syphilitic lesions are highly polymorphic and can present in primary, secondary, and tertiary stages of the disease [3,4]. Importantly, they may be unaccompanied by cutaneous disease [2–5], as in the present case. Lesions of primary and secondary

stages undergo spontaneous resolution if not recognized and treated. Therefore, failure to recognize such lesions may lead to life-threatening complications of tertiary syphilis. Physicians must be aware of syphilis protean manifestations so that atypical presentations will not be overlooked.

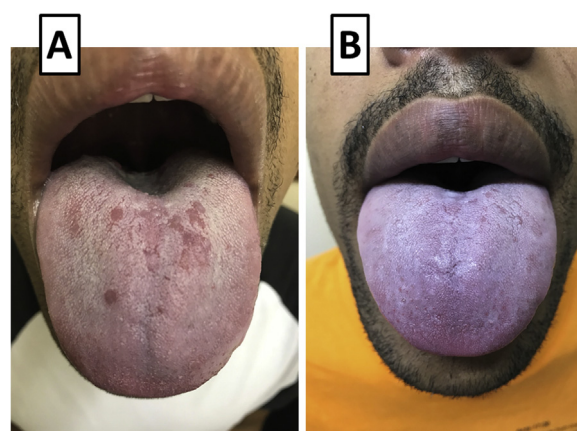


Fig. 1. Clinical images of the 22-year-old male patient. A) Shallow, round to oval atrophic and erythematous erosions of the posterior aspect of the tongue, with loss of papillae, in a pattern of *plaques en prairie fauchée*. B) Complete remission after penicillin treatment.

[☆] We declare that a signed consent of the patient was obtained for publication of the case.

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Conflict of interest

The authors declare that there is no conflict of interest.

Signed consent

Signed consent of the patient was obtained for publication of the case.

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