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Images

# A Case of Isolated Oral Secondary Syphilis

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**Key Words:**
secondary syphilis, *Treponema pallidum*, aphthous ulcers, isolated oral lesions

A 40-year-old man presented to our hospital with a 7-week history of oral lesions with mild pain. He was initially diagnosed with aphthous ulcers by a dentist. Skin and genital lesions were absent, but he disclosed having unprotected intercourse with a female sex worker 5 months before presentation.

Physical examination revealed irregular, whitish ulcerations on the lower lip and tongue (**Figure 1** and **2**). Rapid plasma reagin [titer: 1:32] and *Treponema pallidum* hemagglutination were positive, and the HIV test result was negative. Based on a reasonable incubation period, clinical oral findings, and serological tests, a diagnosis of oral secondary syphilis was made. The oral lesions resolved within 1 week of treatment with amoxicillin.

Oral lesions of primary syphilis (so called oral chancres) are typically solitary, painless, indurated ulcers that heal spontaneously within 4-5 weeks [(1)]. In contrast, oral lesions of secondary syphilis are typically painful, multiple, and generally accompanied by cutaneous eruption [(1)]. Isolated oral lesions have been reported to occur in only 7% of patients with secondary syphilis [(2)], but the condition is potentially underestimated or misdiagnosed [(3)]. Healthcare professionals should consider oral syphilis, including the secondary stage, in the differential diagnosis of isolated oral lesions. A key to early diagnosis and treatment is confirmation of sexual history and prompt syphilis serological testing.

## Article Information

### Conflicts of Interest
None

### Author Contributions
Kiyozumi Suzuki: Writing-Original draft, Methodology
Akihiro Kanzawa: Methodology, Writing-review & editing
Hiromasa Otsuka: Methodology, Writing-review & editing
Yuji Hirai: Methodology, Writing-review & editing
All authors critically reviewed the manuscript.

### Approval by Institutional Review Board (IRB)
In this study, IRB approval was not required.

### Informed Consent
Consent was obtained from the patient for the use of images for publication.

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**Figure 1.** An irregular, whitish, coalescing ulcer surrounded by an erythematous area on the lower labial mucosa.

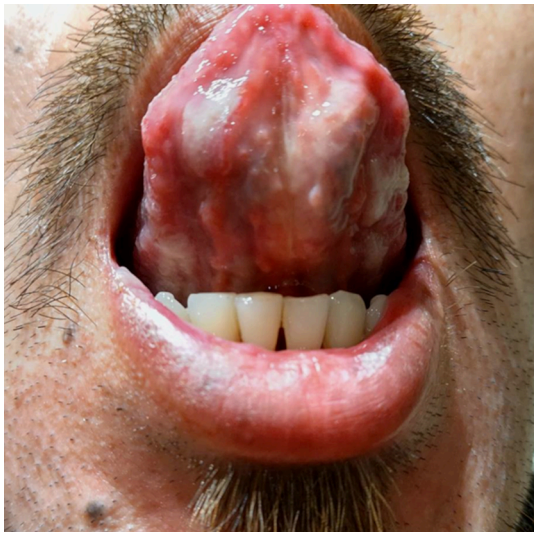

**Figure 2.** Multiple irregular whitish ulcers on the ventral surface of the tongue.