

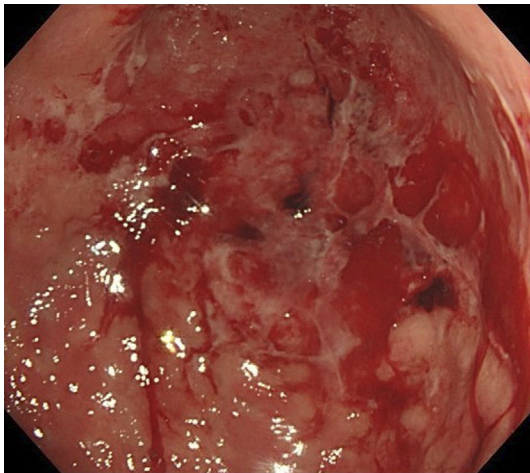
## Gastric Syphilis

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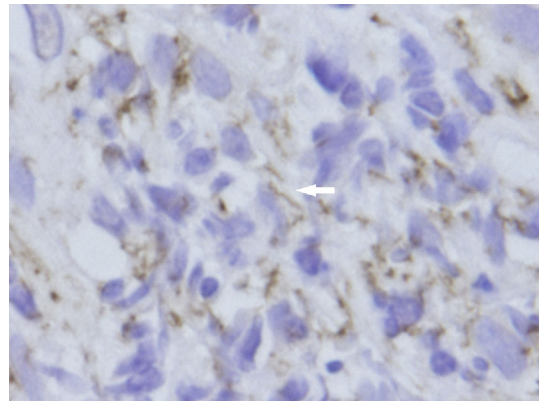
**Key words:** gastric syphilis, *Treponema pallidum*

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**Picture 1.**



**Picture 2.**

A 48-year-old Japanese man presented with epigastralgia, pyrosis, and regurgitation. A physical examination revealed tenderness in the epigastrium. Rapid plasma reagin and *Treponema pallidum* tests were positive, with titers of 1:64 and 1:10,240, respectively. Gastroscopy revealed multiple geographic, irregular ulcers from the gastric body to the pylorus and duodenum (Picture 1). Gastric biopsies were performed, and a histopathological analysis showed severe inflammatory cell infiltration. Immunohistochemistry (Picture 2), a conventional polymerase chain reaction (PCR), and a real-time PCR showed the presence of *T. pallidum* in the gastric tissues. He was treated with amoxicillin, which led to the resolution of his clinical complaints. Gastric syphilis is usually observed after secondary syphilis, but its incidence is extremely low (1). The endoscopic findings typically reveal mucosal edema, erosion, and superficial ulcers (2). In conclusion, when gastroscopic findings, such as those described

in this report, are observed, gastric syphilis should be considered as an important differential diagnosis in view of its nonspecific presentation.

**The authors state that they have no Conflict of Interest (COI).**

### References

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