

CLINICAL IMAGE

Great imitator with exclusive oral manifestations

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Funding information

None

Abstract

Oral manifestations in syphilis are frequent through the different stages of the disease. Exclusive oral localization in secondary syphilis (SS) is yet uncommon. Delays in diagnosis are frequent in these patients. We describe a case of SS limited to the buccal mucosa with both serological and histological confirmation.

KEYWORDS

dermatology, infectious diseases

1 | CASE DESCRIPTION

A 20-year-old male presented to our dermatology department with a 2-month history of oral lesions. Examination showed vegetating ulcerations on the lips with angular mucositis associated with a leucokeratotic aspect on the jugal mucosa (Figure 1A, B). Oval depapillated patches with thickening were seen on the dorsum aspect of the tongue (Figure 1C). On the hard palate, two erosions were present (Figure 1D). We also found multiple submandibular lymphadenopathies. The rest of physical examination was unremarkable. A punch biopsy with

histological examination revealed extensive plasma cell infiltrate (Figure 2). High titers of treponemal serology test were found (1:20,480). Diagnosis of secondary syphilis was made. The patient received one intramuscular injection of extencillin at a dose of 2.4 MUI leading to progressive clearance of oral lesions. Syphilis is a sexually transmitted disease (STD), known as a great imitator for its multitudinous mucocutaneous manifestations.¹⁻³ Exclusive oral localization in secondary syphilis is yet uncommon.^{4,5} Serologic testing for syphilis should always be considered by health practitioners in high-risk patients as we are witnessing a re-emergence of this STD.

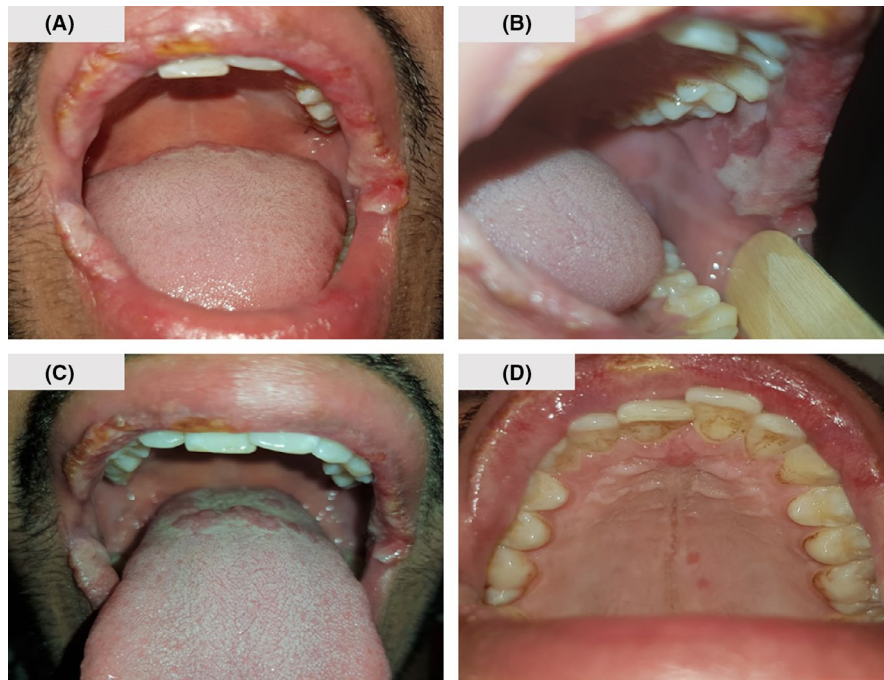


FIGURE 1 (A) Vegetating ulcerations on the lips with angular mucositis, (B) leucokeratotic aspect on the jugal mucosa, (C) oval depapillated patches with thickening on the dorsum aspect of the tongue, and (D) erosions on the hard palate

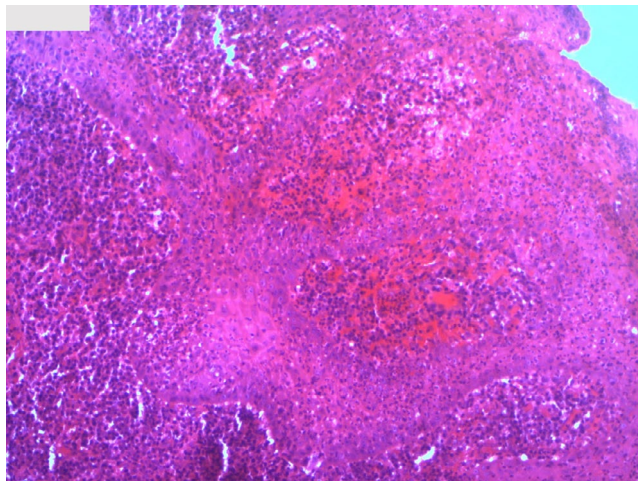


FIGURE 2 Histological examination showing extensive plasma cell infiltrate (HE $\times 40$)

ACKNOWLEDGMENT

None.

CONFLICTS OF INTEREST

None to declare.

AUTHOR CONTRIBUTIONS

Faten Hayder, Dermatology Department, Hedi Chaker Hospital, Sfax, Tunisia, contributed to writing and editing of the manuscript. Slaheddine Marrakchi, Dermatology

Department, Hedi Chaker Hospital, Sfax, Tunisia, contributed to the conceptualization of the manuscript. Emna Bahloul, Dermatology Department, Hedi Chaker Hospital, Sfax, Tunisia, contributed to supervision and editing of the manuscript. Slim Charfi, Anatomic and Cell pathology Department, Habib Bourguiba Hospital, Sfax, Tunisia, contributed to investigations. Khadija Sellami, Dermatology Department, Hedi Chaker Hospital, Sfax, Tunisia, supported the writing process. Hamida Turki, Dermatology Department, Hedi Chaker Hospital, Sfax, Tunisia, contributed to supervision and validation.

ETHICAL APPROVAL

Done.

CONSENT

Written informed consent was obtained from the patient to publish this report in accordance with journal's patient consent policy.

DATA AVAILABILITY STATEMENT

Data sharing is not applicable to this article as no new data were created or analyzed in this study.

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How to cite this article: Hayder F, Marrakchi S, Bahloul E, Charfi S, Sellami K, Turki H. Great imitator with exclusive oral manifestations. *Clin Case Rep.* 2022;10:e05569. doi:[10.1002/ccr3.5569](https://doi.org/10.1002/ccr3.5569)