



Case Report

Syphilis related to atypical oral lesions affecting an elderly man. a case report

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doi: 10.1111/ger.12047

Syphilis related to atypical oral lesions affecting an elderly man. a case report

Objective: To present a case of oral syphilis in an old patient.

Background: Syphilis seems to be resurging mainly in the young. However, in the last twenty years, the elderly have become more susceptible to infectious diseases due to a more frequent use of sildenafil.

Clinical Report: An 83-year-old man was referred to our clinic complaining of burning mouth. His medical history revealed papular lesions on chest and penis glans, which had been diagnosed and treated as scabiosis 2 months prior to our assessment. The intra-oral examination showed erosive and patch lesions on the bilateral lip commissures, the palate and the border of the tongue. Initially, oral herpes was suspected. However, both the serological test and the cytology were negative. Therefore, syphilis was hypothesised. Non-treponemic (VDRL) and treponemic tests (FTA-ABS) were reagent and secondary syphilis was confirmed. The treatment consisted of penicillin G benzathine 2.4 million IU/IM for 4 weeks. Both oral and skin lesions had complete remission.

Conclusion: The present case illustrates that syphilis should be suspected in old patients with oral atypical lesions.

Keywords: syphilis, oral syphilis, oral lesions, oral diseases.

Accepted 6 February 2013

Introduction

Syphilis is a disease caused by *Treponema pallidum*. Recently, some studies have shown the resurgence of syphilis in the world^{1,2}. In Brazil, we also have an increase in the number of reported syphilis cases³. Interestingly, this study reports a case of oral syphilis affecting an elderly patient and emphasises the difficulty of its diagnosis.

Case report

An 83-year-old man, descendant of Japanese immigrants, was referred to our department complaining of burning mouth. The medical history revealed maculopapular cutaneous rashes on the trunk of the body and penis glans, which were diagnosed and treated (ivermectin) as scabiosis by a dermatologist. After 2 months, the patient developed oral lesions. Intra-oral examination showed erosive and patch lesions on the bilateral lip commissure, the palate and the border/ventral

surface of the tongue (Fig. 1, a–c). Initially, herpes was suspected, and serological tests and cytology of the lesions were therefore performed. Both examinations presented negative results. Considering such results and the lack of improvement of intra- and extra-oral lesions, the hypothesis of syphilis was suggested and the serological tests were requested. Non-treponemic VDRL (Venereal Disease Research Laboratory test) was positive (titre 1/1024) and treponemic FTA-ABS (Fluorescent Treponemal Antibody) was reagent. According to the clinical features of the lesions and the serological results, secondary syphilis was confirmed. After diagnosis, the patient was questioned on his sexual life, and reported heterosexual unprotected orogenital sex with multiple partners. Other laboratory tests (HCV, HBs Ag, HBe Ag and HIV) were requested and were negative. The treatment consisted of penicillin G benzathine 2.4 million IU/IM a week for 4 weeks. There was total regression of oral and skin lesions after 10 days (Fig. 1, d–f). After

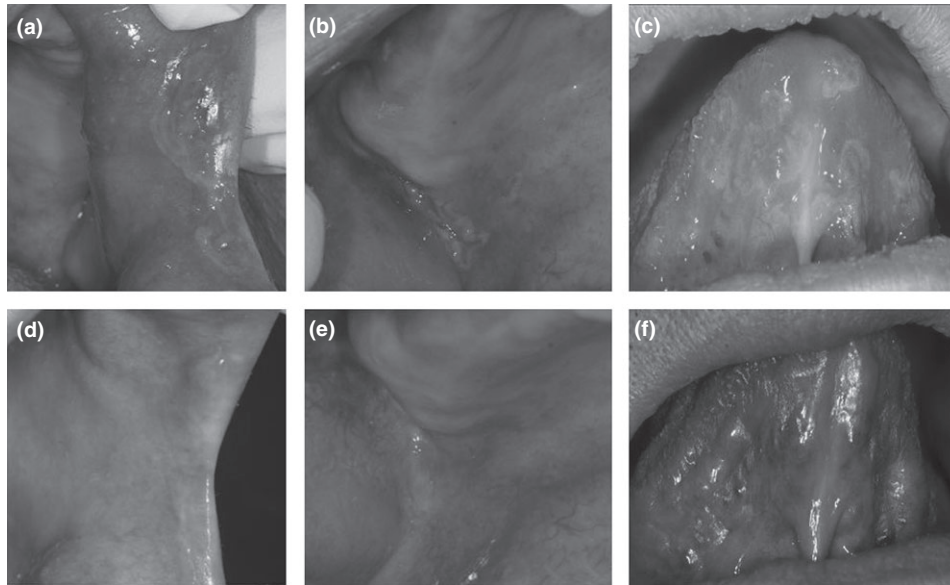


Figure 1 a–c: Oral syphilitic lesions. Erosive and patch lesions on lip commissure (a), palate (b) and ventral surface of the tongue (c). (d–f) Complete healing of the lesions after 10 days of the treatment (penicillin G benzathine).

12 months of follow-up (clinical and serological tests), no signs of disease were observed.

Discussion

It is well known that sexually transmitted diseases (STD) are most common in the younger population. However, the risk of STD has lately increased in the older population due to the advent of effective pharmacotherapy for erectile dysfunction⁴. Since becoming available in 1998, sildenafil (Viagra) has been approved to treat erectile dysfunction and quickly gained popularity all over the world⁵. The increased duration of erection, increased blood flow and subsequent increased mucosal susceptibility may increase the risk of acquiring such infections⁶. Syphilis is transmitted through sexual intercourse, and the first lesion usually appears in the genital region (chancre), and the treponemes spread through the blood and lymphatic vessels affecting other sites, including the oral cavity². In the present case, some factors such as patient age and atypical oral lesions made the syphilis diagnosis improbable. Moreover, on his first visit, the patient failed to mention unprotected sex and frequent Sildenafil use.

According to the disease status, acquired syphilis can be expressed in four stages of occurrence: primary, secondary, latent and tertiary¹. The initial lesion is called hard chancre, which is typically represented by a single large, painless ulcer with an indurate margin often associated with a

painless regional lymphadenopathy. The chancre occurs due to direct contact with an active lesion and heals spontaneously in 4–5 weeks without leaving a scar. The secondary stage develops after 2–12 weeks of the first contact. The cutaneous lesions do not cause pruritus and develop as symmetrical 3–10 mm pink or red macules. Characteristic anatomical locations are the arms, palms, flanks and soles². The difficulty in diagnosing syphilis also occurred because our patient had no regional lymphadenopathy and skin lesions were seen in unusual locations. In addition, the chancre manifested initially in the penis glans, and after 2 months, the skin and oral lesions were observed, being diagnosed as secondary syphilis.

The oral manifestations of secondary syphilis can be extensive and variable without a specific feature. We have recently reported six cases of oral syphilis, and most patients had multiple atypical lesions affecting mainly buccal mucosa, dorsum of the tongue, palate, lips and retromolar region³. Moreover, secondary syphilis lesions are typically painful and multiple. They occur anywhere in the oral mucosa and are usually accompanied by a concomitant cutaneous eruption⁷. In the present case, the atypical features of the lesions and the age of the patient made syphilis diagnosis improbable.

In conclusion, oral syphilis should be considered in the differential diagnosis of unusual oral lesions affecting elderly patients.

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