



CASE REPORT

A CASE REPORT OF SYPHILIS WITH TONGUE ULCER

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Abstract

Syphilis is a rare disease with a wide range of different manifestation, due to the many stages which are primary, secondary, latent, tertiary and congenital diseases with varying periods of latency in between the stages, also because it's a sexually transmitted disease with systemic manifestations and a series of serious and fatal complications knowing that it is responsive to benzathine benzylpenicillin and doxycycline in case of penicillin allergy. Syphilis infections can be misdiagnosed because of their atypical presentations. Here, we present a case of syphilis with unusual symptoms highlighting the necessity of consultation with the venereal diseases medical specialists.

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1 | INTRODUCTION

Syphilis is a rare disease that after a global decrease over the past several decades now displays reemergence (1). It is considered as both acute and chronic systemic disease which is caused by an anaerobic tightly coiled helical bacterial species, *Treponema pallidum*. On the basis of its activity and infectivity phase, acquired syphilis can be classified into four stages: primary, secondary, latent, and tertiary. Oral lesions are principally associated with secondary syphilis, although all stages can give rise to oral manifestations. This wide array of manifestations has given syphilis the reputation as the “great imitator (2)”. It can be spread during the practice of dentistry by direct contact with mucosal lesions of primary and secondary syphilis or blood and saliva from infected patients (3). and is accord-

ing to Swedish regulations a reportable disease (4)

Diagnosis of syphilis is challenging because of the different clinical patterns and its ability to imitate different diseases. Therefore it is mandatory to include syphilis in the differential diagnosis of unusual oral lesions (5). The tongue, lips, and oral mucosa are the most commonly affected sites in the oral cavity with secondary syphilitic lesions (6). These are suitable sites for the virus to enter the human body,

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therefore these patients are more likely to acquire other sexually transmitted diseases especially the HIV infection. (7).

Gummas tend to arise on the hard palate and the tongue in tertiary syphilis. A gumma manifests initially as 1 or more painless swellings and when multiple, they usually coalesce. Eventually the swelling develops into areas of ulceration, with areas of breakdown and healing causing scarring and fissuring of the tongue (8)

2 | CASE REPORT

A 50 years old sudanese male of Zaghawi descendants (Western Sudan) presented to the outpatient clinic of Khartoum Dental teaching hospital. He reported a painless swelling on the tongue that has started a year before. There was no discharge or numbness and the swelling has not increased in size since he has noticed it.

Patient reported no history of smoking tobacco, snuff dipping or alcohol drinking Patient reported no history of smoking tobacco, snuff dipping or alcohol drinking

The patient looked well on examination as he was not pale, not jaundiced nor cyanosed. On head and neck examination the only abnormalities noted were that his submandibular lymph nodes were bilaterally palpable, mobile and of about 1.5 cm in size.

On the intraoral examination two irregular masses were noted on the middle and right side of the dorsum of the tongue extending throughout the middle and posterior two thirds. The anterior mass was of 5*4 cm and the posterior 3*4 cm. both were mixed in color (red and white). On palpation they were firm, not tender and did not bleed. Normal tongue movement was observed.

A previous biopsy taken from the lesion by an ENT fellow showed stratified squamous epithelium with hyper parakeratosis, acanthosis and mixed inflammatory cellular infiltration with no evidence of malignancy. The histopathological diagnosis was consistent with squamous papilloma.

A computed tomography scan for the neck with contrast to coronal, axial and sagittal sections was

ordered to show the extension and depth of the lesion and the radiological findings were:

No tongue parenchyma, no abnormal enhancement or mass detected

Normal oro/naso-pharynx and larynx

A chest x-ray was ordered and it excluded tuberculosis of the lungs.

The patient was negative for HIV and Hepatitis B and C viral screening.

VDRL (venereal disease research laboratory) test was positive to syphilis serology profile

The patient was then referred to the institute of endemic diseases in the University of Khartoum for further management.

3 | DISCUSSION

This case demonstrates the importance of approaching the surgical sieve to list the differential diagnosis in cases of oral manifestations of unclear origin.

The described one year of duration of the swelling leads to the conclusion that the disease has progressed into secondary or tertiary syphilis while the patient was unaware of his infection

The patient neglected the past signs, and with the language barrier obtaining a thorough history was a challenge, therefore it was not possible to set the exact time of the primary syphilitic infection. If syphilis is not diagnosed on the primary or the secondary stages it may remain latent for a very long time and cause systemic and fatal consequences. Also the patients will be considered carriers and contribute in spreading the infection unknowingly.

The faulty diagnosis that was first taken under consideration was squamous cell papilloma according to the histopathological diagnosis, and granular cell tumor or a fungal infection according to the presented clinical features.

The usual histologic appearance of syphilitic lesions is unspecified inflammatory reaction (9) which was seen on the biopsy of this patient but the diagnosis was missed because the lack of specificity and unawareness of the patient's sexual habits and history.



FIGURE 1:

4 | CONCLUSIONS

In cases with equivocal oral lesions, favorably the patient should be screened and oral syphilis excluded.

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