Annals of Clinical Surgery

Case Report
Published: 23 Dec, 2021

A Case Report of Secondary Syphilis Rapidly Presenting as Condyloma

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Abstract

Syphilis, the Great Imposter, is an infectious venereal disease caused by the spirochete *Treponema pallidum*. The disease will continue to progress though its four overlapping stages: Primary, secondary, latent, and tertiary syphilis. The majority of cases are among the MSM population, half of which are co-infected with HIV, but in addition to this there has been an increase in cases among pre-menopausal women coinciding with a rise in congenital cases. An increased awareness of the prevalence of syphilis in all populations, but especially the MSM population, requires broadening differentials and considerations when faced with a patient who is at risk to obtain the best treatment options.

Keywords: Syphilis; HIV; Condyloma; Disease; Lymphogranuloma

Introduction

Syphilis, the Great Imposter, is an infectious venereal disease caused by the spirochete *Treponema pallidum*. If left untreated, which is not uncommon due to the myriad of presentations and perceived resolution of minor cutaneous findings, the disease will continue to progress though its four overlapping stages: primary, secondary, latent, and tertiary syphilis. We describe a rapid presentation of secondary syphilis in the form of condyloma lata [1].

Case Presentation

A 35-year old male presented with a 2-week history of perianal pain and rectal bleeding. His skin showed thickened and dysplastic grey perianal lesions on both the right and left side coalescing centrally that are worry some for condyloma or possible SCC. After EUA and biopsy, the lesions were found to be friable requiring sharp excision and cauterization, no appreciable masses or lesions were noted on rectal exam. Pathology demonstrated a positive immunostain for spirochetes with numerous organisms extending to excisional margins. The patient was sent for confirmatory RPR, reportedly went to the health department, unfortunately we were unable to reconcile those records.

The clinical history, physical examination, serologic testing, and pathology support the diagnosis of secondary syphilis. The first line treatment for all manifestations of syphilis remains penicillin, if an allergy is present doxycycline can be used. We would have liked to follow this patient through the resolution of his infection but he did not follow up with us. We are presenting this patient to heighten the awareness and consideration of syphilis as a possible differential for condyloma acuminata, lymphogranuloma venereum, hemorrhoids, anal malignancy, and any other suspicious papular/verrucus lesions in perianal and intertriginous areas.

Discussion

There had been a decrease in cases of Syphilis in the 1980's and 1990's with changes in sexual behavior after the HIV epidemic, but trends have started to increase in the 2000s not only in the United States but across the world, [2,3]. The majority of cases are among the MSM population, half of which are co-infected with HIV, but in addition to this there has been an increase in cases among pre-menopausal women coinciding with a rise in congenital cases [4]. The 71% increase in cases of primary and secondary syphilis since 2014 in addition to the 39% increase in congenital cases is striking especially in the face of current established treatments and protocols. The spike raises awareness in healthcare professionals re-establishing the prominence of this disease in our population and the need to re-orient our consideration of syphilis as a differential to aid us in early treatment for patients and their partners, [5].

OPEN ACCESS

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Received Date: *23 Nov 2021*
Accepted Date: *13 Dec 2021*
Published Date: *23 Dec 2021*

Citation:
Elaine M, Claudia OG, James C. A Case Report of Secondary Syphilis Rapidly Presenting as Condyloma. Ann Clin Surg. 2021; 2(2): 1022.

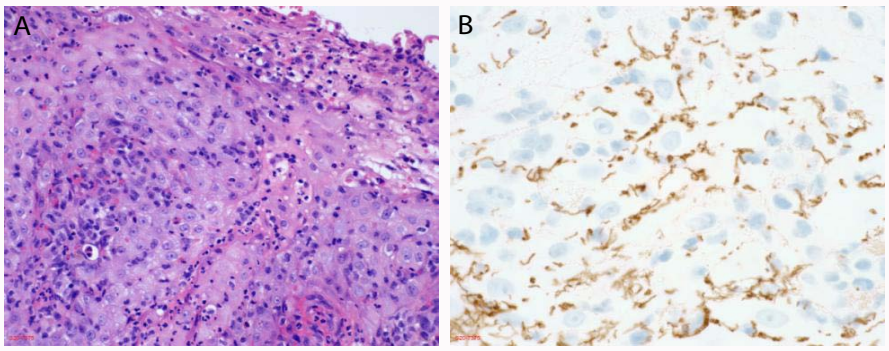

Figure 1: Microscopic Imaging: A) H&E stain; B) Immunostain for Spirochetes positive for numerous organisms.

Secondary syphilis can develop within 4 to 10 weeks after the appearance of a primary lesion, the spirochetes multiply and distribute throughout the body of each individual displaying a variety of cutaneous manifestations prior to progression into a latent stage if left untreated. In the latent phase the individual may relapse multiple times into various contagious displays of secondary syphilis, a cycle that can last for 5 to 20 years before progressing to tertiary disease [6,7]. It is also noted that latent phase individuals are more likely to present with condyloma lata regardless of HIV status, for example our case report patient who suffered a rapid onset of secondary symptoms [8]. The traditional manifestations of secondary syphilis are rash (75% to 100%), lymphadenopathy (50% to 80%) and mucocutaneous lesions like mucous patches and condylomata lata (40% to 50%) [9]. These widespread mucocutaneous lesions involving palms, soles, and more rarely the oral mucosa, in addition to condyloma lata and patchy alopecia will resolve over the course of a year with appropriate treatment [10]. Otherwise, 2/3 of individuals will be able to clear the disease without treatment but will continue to be contagious. With syphilis on the rise, the availability of sexual networking, options for HIV risk compensation and seroadaptive behaviors, the reduction in STI preventative behaviors, drug use and co-infection, it is of the utmost importance that we develop new strategies to continue to educate and raise awareness in at-risk populations [4]. With early identification, treatment, and continued monitoring for re-infection, we can only hope to decrease the dissemination and persistence of this disease.

Conclusion

Syphilis is becoming increasingly common due to a reduction in STI preventative behavior, current options for HIV management, as well as seroadaptive behaviors and the rapidly growing and expanding availability of sexual networking. Lesions often go undiagnosed due to their wide array of presentations and latency in many individuals with associated lack of knowledge. An increased awareness of the prevalence of syphilis in all populations, but especially the MSM population, requires broadening differentials and considerations when faced with a patient who is at risk to obtain the best treatment options. We presented this case report to bring attention to this important matter and increase awareness of sexually transmitted diseases and how they are re-establishing their presence in the community.

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