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ARCHIVES OF CLINICAL AND MEDICAL CASE REPORTS

ISSN: 2575-9655

Syphilitic Leukoplakia

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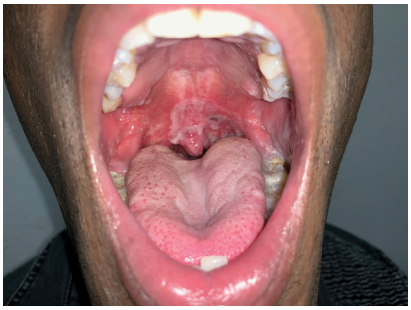
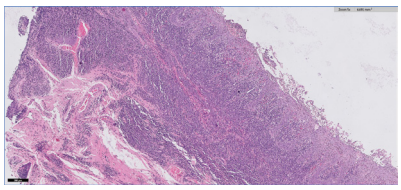
Keywords: Leukoplakia; Oral; Syphilis; Ulcer

Case Report

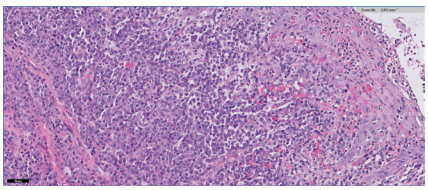
A 28-year-old male was referred by his primary care physician for work-up of possible oral candidiasis. He had been diagnosed with asymptomatic HIV-infection 18 months earlier and had undetectable viral load under antiretroviral treatment. The patient reported a history of multiple unprotected sexual encounters over the preceding 3 months. Physical examination showed painless and confluent whitish mucous patches (about 2 cm long) with erythematous border on the left soft palate which did not scrape off with a tongue depressor (Panel A). A biopsy specimen from the damaged mucosa was obtained and revealed hyperplasia of the epithelium and a dense inflammatory infiltrate in the corion, composed mainly by plasma cells (Panel B and C). Immunohistochemistry highlights numerous treponemal spirochetes, brown chromogen (Panel D and E). Treponemal tests (EIA and TPPA) were reactive and Rapid Plasma Reagin test (RPR) was positive (titer, 1:32). A diagnosis of syphilis was made. The patient was initially treated with intramuscular penicillin G benzathine. At 3-month follow-up he had complete resolution of palate lesion.



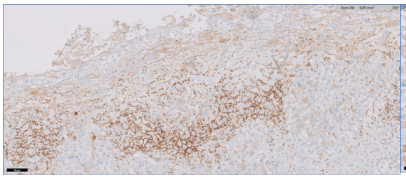
Panel A



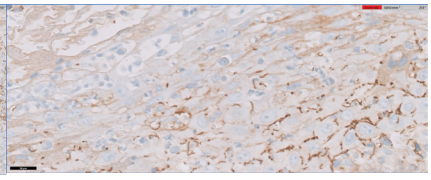
Panel B



Panel C



Panel C



Panel D

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Citation: MJ Vivancos-Gallego, Mónica Garcia-Cosio, Inmaculada Espinosa-Monroy. Syphilitic Leukoplakia. Archives of Clinical and Medical Case Reports 7 (2023): 42-43.

Received: October 20, 2022
Accepted: November 03, 2022
Published: January 31, 2023

Vivancos-Gallego MJ, et al., Arch Clin Med Case Rep 2023
DOI:10.26502/acmcr.96550570

Competing Interest

M.J.V.G reports grants and personal fees from Gilead and ViiV outside the submitted work. All other authors report no potential conflicts of interest.

Acknowledgments

M.J. V-G. is supported by a grant from the Instituto de Salud Carlos III (Contratos Juan Rodés, JR19/00031).