

Image Correspondence

Oral Mucous Patch of Secondary Syphilis

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A 35-year-old male presented with an asymptomatic white lesion in the oral cavity for 2 weeks. The patient had unprotected sexual intercourse with an unknown female partner 3 months ago. There was no history of genital lesions in the past. On examination, single large 3 × 3 cm² whitish mucosal patch was present over the lower lip with erythema of gums and bleeding points [Figure 1]. No other skin or genital lesions were noted in the patient. A venereal disease research laboratory test was positive with 1:32 dilution, and the *Treponema pallidum* haemagglutination assay test was positive. Other investigations such as human immunodeficiency virus, hepatitis C virus and hepatitis B surface antigen were non-reactive. Thus, a diagnosis of secondary syphilis was made. The oral lesion is a mucous patch seen in secondary syphilis. The patient was treated with a benzathine penicillin 2.4 million units as single intramuscular dose. At the 1-month follow-up, the lesion healed completely. A higher degree of suspicion is needed to diagnose such cases when the presentation is only an oral lesion without any other skin lesions. Syphilis is caused by *T. pallidum* with varied kind of clinical manifestations. They can present with cutaneous or mucosal lesions. The lesions in the oral cavity of secondary syphilis includes ulcers such as snail



Figure 1: Single large 3 × 3 cm whitish mucosal patch noted over the lower lip with erythema of the gum and bleeding spots.

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track, mucous patch and condyloma lata presenting as split papules at the angles of mouth.

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