Clinical image

Labial ulcer: oral manifestation of syphilis

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\textbf{A R T I C L E  I N F O}

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A 39-year-old woman presented with a 6-week history of an ulcerated and indurated lesion in the upper lip (Fig. 1). The histological study showed an ulcer with dense lymphoplas-macytic infiltrate and the immunohistochemistry (IHC) was positive for spirochetes. Both, the rapid plasma reagin test (RPR) and the microhemagglutination of the \textit{Treponema pallidum} (MHA-TP) test were reactive with a RPR of 1:32.

Due to physical examination, biopsy, IHC and laboratory tests (MHA-TP and RPR) the patient was diagnosed with primary syphilis. Infective syphilis is caused by \textit{T. pallidum}, an anaerobic filamentous spirochete.\textsuperscript{1} The primary stage is known as syphilis chancre.\textsuperscript{2} The mouth is a rare place of presentation of syphilis chancre, with 10–20\% of cases intrarectal, perianal or oral lesions.\textsuperscript{2} The treatment of primary syphilis

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is intramuscular benzathine penicillin. The patient and his partner were treated with 2,400,000, intramuscular benzathine penicillin with a complete resolution of the lesion (Fig. 2).

Conflicts of interest

The authors declare no conflicts of interest.

REFERENCES