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Exuberant oral plaques as a manifestation of secondary syphilis

Placas orais exuberantes como manifestação de sífilis secundária

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Case Presentation

A 50-year-old woman was referred to the Stomatology Department for painful whitish oral plaques persisting for six months, despite treatment with fluconazole. Examination revealed thick, bulky white plaques involving the buccal mucosa and soft palate (figure 1). Three months earlier, she had developed a copper-coloured maculopapular rash on the trunk, associated with arthralgia and patchy alopecia.

The rapid plasma reagin (RPR) was reactive at 1:1024, with a positive treponemal test (ECLIA), while HIV screening was negative.

The differential diagnosis included oral candidiasis, lichen planus, herpes simplex infection, squamous cell carcinoma, and secondary syphilis. An incisional biopsy was performed, and immunohistochemical staining demonstrated numerous *Treponema pallidum* organisms within the epithelium, confirming secondary syphilis with oral involvement.

The patient received a single intramuscular dose of benzathine penicillin G (2.4 million units), with complete resolution of the oral lesions within several weeks. No recurrence was observed during 17 months of clinical follow-up. The RPR titre declined from 1:1024 at baseline to 1:16 at 4 months, 1:8 at 9 months, and 1:2 at 16 months, remaining stable at 20 months of serological follow-up.

Oral manifestations of secondary syphilis are uncommon and may be clinically heterogeneous, presenting as mucous patches or as erythematous, erosive, ulcerative, or plaque-like lesions that can mimic infectious, inflammatory, or neoplastic conditions[1–3]. Although diagnosis is primarily based on clinical and serological findings, histopathology and direct detection of *T. pallidum* can be particularly useful in atypical presentations[4].

This case highlights the importance of considering secondary syphilis in the differential diagnosis of persistent or atypical oral lesions, particularly when accompanied by systemic manifestations suggestive of disseminated treponemal infection.

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Figure 1. Thick, whitish plaques with partially defined borders involving the soft palate, with adjacent erythema.

Author Contributions

Catarina Reis: Conceptualization, Validation, Writing – original draft, Writing – review & editing, Visualization.

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Ethics Statement

This study was conducted in accordance with the ethical principles of the Declaration of Helsinki.

The patient provided written informed consent for publication of clinical details and image.

Conflicts of Interest

The author reports no conflicts of interest relevant to this article.

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