

CASE FOR DIAGNOSIS

[Translated article] Large Painful Plaque in the Perianal Region



Placa extensa y dolorosa en la región perianal

Case presentation

A 42-year-old man, an IV drug user with no other relevant personal medical history, presented to the Dermatology clinic with a 4-month history of painful perianal lesions. Physical examination revealed the presence of an extensive, erythematous, and whitish exophytic plaque on the periphery, with a flat surface and some confluent, papillomatous papules on the periphery, completely encircling the anal margin (Fig. 1A). A complete serology panel for sexually transmitted infections was requested, with a positive result only for syphilis, showing positive treponemal (FTA) and non-treponemal (VDRL) tests (1/64). Additionally, the biopsy revealed parakeratosis and irregular acanthosis with marked elongation of the interpapillary ridges and a perivascular mononuclear inflammatory infiltrate rich in plasma cells.

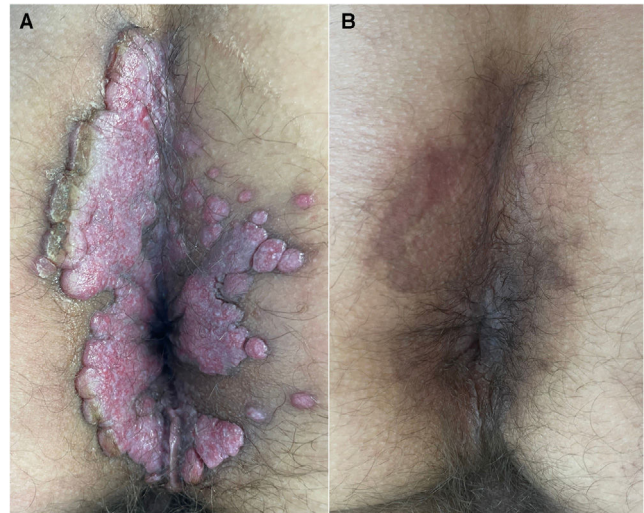


Figure 1 Erythematous exophytic plaque with whitish areas of multiple confluent papules of papillomatous morphology, distributed throughout the anal margin (A). Post-inflammatory hyperpigmentation after treatment (B).

What is your diagnosis?

DOI of original article:
<https://doi.org/10.1016/j.ad.2024.02.040>

<https://doi.org/10.1016/j.ad.2025.06.015>

0001-7310/© 2025 AEDV. Published by Elsevier España, S.L.U. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Diagnosis

Condyloma lata (secondary syphilis).

Comments

The previously described findings led to the diagnosis of condyloma lata, for which 2.4 million IU of benzathine benzylpenicillin were administered as a single intramuscular dose. After 4 weeks, the lesions completely disappeared (Fig. 1B), and a 4-dilution reduction in the non-treponemal tests (1/4) was confirmed.

Condyloma lata is an uncommon sign of secondary syphilis. It usually presents as confluent papules or smooth-surfaced, soft, pinkish, somewhat exudative plaques, sometimes verrucous or pedunculated.^{1,2} Its most frequent location is the anogenital area. Cases adjacent to chancres have been reported, suggesting spread through direct contact. It exhibits a high concentration of *Treponema pallidum* in its exudate, making it, along with the chancre and mucous patches, one of the most infective skin lesions of syphilis.³ The large variant, like the one described here, has been rarely reported in the literature.⁴

The diagnosis of condyloma lata requires a high level of clinical suspicion, and a thorough medical history can help in its consideration. The main differential diagnoses with perianal involvement include squamous cell carcinoma, condyloma acuminata, tuberculosis, hemorrhoids, and lymphogranuloma venereum.⁵ Unlike squamous cell carcinoma, they are less painful, non-ulcerated, and disease progression time is shorter. Condyloma acuminatum, on the other hand, usually presents a verrucous and hyperpigmented surface. Although diagnosis is generally serological, it can also be confirmed by immunohistopathology. A dense infiltrate of plasma cells, as in our case, can guide diagnosis. Treatment does not differ from the standard for secondary syphilis,

with a single intramuscular dose of 2.4 million IU of benzathine benzylpenicillin.⁶

Conflicts of interest

None declared.

References

1. Walkty A, Shute L, Hamza S, Embil JM. Condyloma lata. IDCases. 2021;26:e01321, <http://dx.doi.org/10.1016/j.idcr.2021.e01321>.
2. Herzum A, Burlando M, Micalizzi C, Parodi A. Condylomata lata and papular rash of secondary syphilis. Actas Dermosifiliogr. 2023;114:447, <http://dx.doi.org/10.1016/j.ad.2022.01.046>.
3. Tayal S, Shaban F, Dasgupta K, Tabaqchali MA. A case of syphilitic anal condylomata lata mimicking malignancy. Int J Surg Case Rep. 2015;17:69–71, <http://dx.doi.org/10.1016/j.ijscr.2015.10.035>.
4. Pinto-Gouveia M. Condylomata lata mimicking Buschke–Löwenstein tumor. Acta Med Port. 2016;29:231, <http://dx.doi.org/10.20344/amp.7101>.
5. Mullooly C, Higgins SP. Secondary syphilis: the classical triad of skin rash, mucosal ulceration and lymphadenopathy. Int J STD AIDS. 2010;21:537–45, <http://dx.doi.org/10.1258/ijsa.2010.010243>.
6. Pourang A, Fung MA, Tartar D, Brassard A. Condyloma lata in secondary syphilis. JAAD Case Rep. 2021;10:18–21, <http://dx.doi.org/10.1016/j.jidcr.2021.01.025>.

M.L. Santos e Silva Caldeira Marques*, J. Mercader Salvans, M.M. Pestana Eliche

Servicio de Dermatología, Hospital Universitario de Canarias, San Cristóbal de La Laguna, Spain

* Corresponding author.

E-mail address: luiscaldeira17@gmail.com (M.L. Santos e Silva Caldeira Marques).