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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.

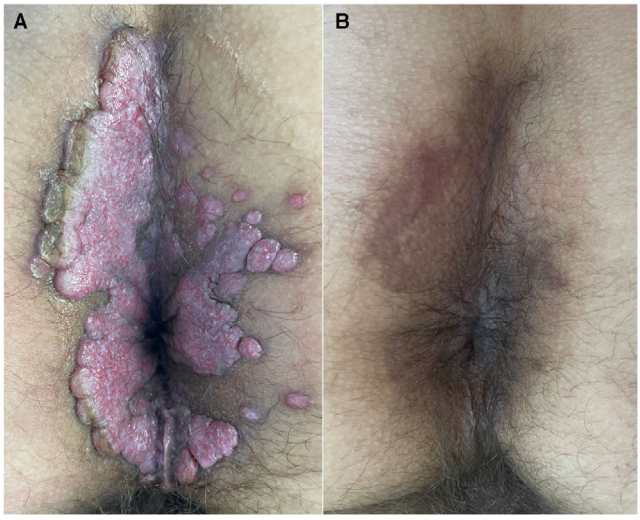

Figure 1 Erythematous exophytic plaque with whitish areas of multiple confluent papules of papillomatous morphology, distributed throughout the anal margin (A). Post-inflammatory hyperpigmentation after treatment (B).

What is your diagnosis?

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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.

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