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CASE FOR DIAGNOSIS

Ulcerated Tumor of the Lip

Tumor ulcerado en el labio

Patient History

The patient was a man of 67 years who attended the emergency department for a painless tumor on the lower lip with slow progression and growth in the previous 2 months. He reported discomfort on the right side of the neck and occasional bleeding from the lesion. He was a smoker of 10 cigarettes per day and reported no high-risk sexual activity.

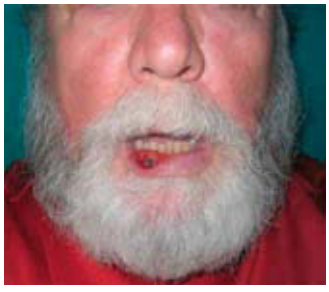

Figure 1

Physical Examination

Physical examination revealed a tumor of 2 cm in diameter on the right lateral region of the lower lip. The skin was ulcerated and covered by a serous crust (Figure 1). The lesion was nontender and had an indurated border. There was painless enlargement of the ipsilateral lateral-cervical lymph nodes. The patient was in good general health, with no fever or other associated symptoms.

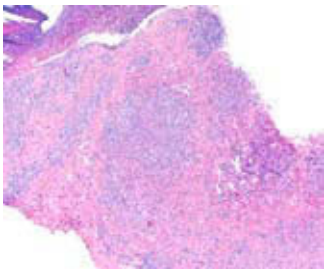

Figure 2 (Hematoxylin-eosin, original magnification ×10).

Histopathology

A skin biopsy was performed due to clinical suspicion that the lesion could be neoplastic. The biopsy revealed an intense polymorphic inflammatory infiltrate affecting the full thickness of the dermis (Figure 2), with abundant plasma cells and numerous dilated vascular structures associated with a proliferation of endothelial cells (Figure 3). Based on these findings, Warthin-Starry staining was performed, which revealed spiral-shaped structures predominantly of a perivascular distribution.

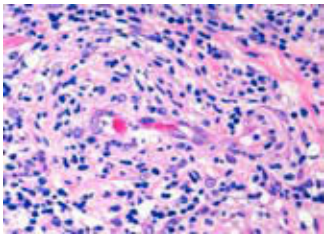

Figure 3 (Hematoxylin-eosin, original magnification ×400).

What is Your Diagnosis?

Diagnosis

Syphilitic chancre of the lip.

Clinical Course and Treatment

Pathology findings were highly suggestive of syphilis, and on further questioning the patient reported frequent sexual contact with multiple partners in recent months, one of whom had been diagnosed with "a venereal disease" at another center. Tests showed a rapid plasma reagin (RPR) titer of 1:32 and an immunoglobulin (Ig) G and IgM enzyme-linked immunosorbent assay positive for syphilis.
The clinical, pathological, and serological data led to a diagnosis of syphilitic chancre of the lip. Treatment with a single dose of intramuscular penicillin G benzathine (2.4 MU) was administered. Four weeks after treatment, the lesion had healed completely and at 6 months there had been a good serological response, with a fall in RPR levels to 1:4. Tests for other sexually transmitted diseases were negative.

Comment

Syphilis is a sexually transmitted disease (STD) caused by the spirochete *Treponema pallidum*. The signs and symptoms vary depending on the stage of infection. Genital chancre is typical of primary syphilis, although extragenital chancres occur in between 2% and 31% of cases.

These lesions can appear on areas such as the lips, tongue, palate, face, conjunctiva, neck, breasts, abdomen, interscapular region, arms, palms of the hands, and fingers. Between 40% and 70% of extragenital chancres are located in the mouth, most commonly affecting the lips.[1] Oral chancres generally present as painless eroded and ulcerated lesions with associated lymphadenopathy.[2] Differential diagnosis must be made between primary syphilis of the mouth and herpes infections, as well as oral infections, squamous cell carcinoma, candidiasis, leukoplakia, aphthous ulcers, cutaneous tuberculosis, infectious mononucleosis, cat-scratch disease, and tularemia.

The false preconception of oral sex as a safe option among men who have sex with men leads to relaxation in the use of protection[3,4] and results in an increased risk of oral syphilitic ulcers and other STDs at this site. We also wish to stress the importance of taking a full sexual history in cases of oral ulcers such as this, where the details of sexual practices may be withheld by the patient to avoid embarrassment.

Conflict of Interest

The authors declare they have no conflict of interest.

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