

The great mimicker in dermatovenereology: a rare presentation

A grande imitadora da dermatovenereologia: uma apresentação rara

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A 31-year-old woman, Fitzpatrick's phototype V, with a previous history of Human Immunodeficiency Virus (HIV) infection under treatment with Highly Active Antiretroviral Therapy (HAART), presented to our Dermatology Emergency Department with a 2-week history of asymptomatic erythematous oral and perianal lesions. The patient reported unprotected sexual intercourse with a male partner 2 months before. She denied other systemic or local symptoms. On physical examination, there were asymptomatic, firm, flat-topped erythematous

plaques with a whitish surface located on the oral mucosa and perianal region (Fig. 1). Laboratory examination revealed a positive *Treponema pallidum* hemagglutination assay and a reactive Venereal Disease Research Laboratory test (1:64 dil). HIV viral load was undetectable and cluster of differentiation 4⁺ lymphocyte count was normal. Other sexually transmitted infections were excluded, namely hepatitis B and C, as well as gonorrhea and chlamydia (using urine polymerase chain reaction molecular testing). The diagnosis of oral and perianal

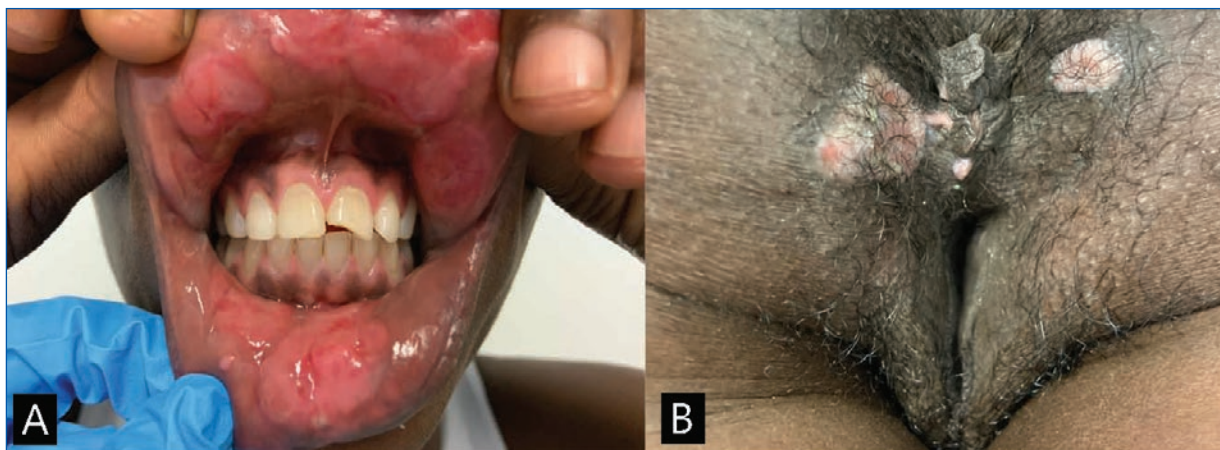


Figure 1. A: asymptomatic, flat-topped erythematous plaques with a whitish surface, located on the oral mucosa and **B:** perianal region.

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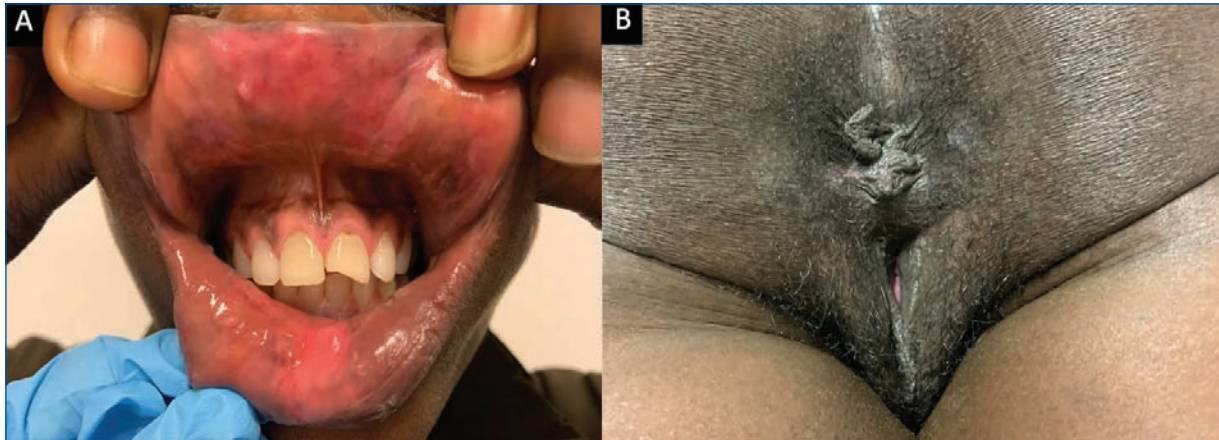


Figure 2. **A:** complete clinical resolution of the plaques on the oral mucosa and **B:** perianal region after treatment.

condylomata lata as the only manifestation of secondary syphilis was established. The patient was treated with one administration of intramuscular benzathine penicillin, 2.4 million units, with complete resolution of the lesions (Fig. 2). Syphilis is considered the great mimicker of dermatovenereology due to its numerous different presentations, especially in the secondary stage and in HIV patients, and its recognition can challenge even the most experienced clinician¹⁻³. Condylomata lata is a classic, though uncommon, presentation of secondary syphilis and can sometimes be its first and only clinical manifestation². Characteristically, it presents with nontender, whitish, and verrucous plaques located on the anogenital area, although extragenital locations may occur²⁻⁴. This case highlights that syphilis, in all its versatile and challenging presentations, should always be kept in mind in dermatology practice.

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Conflicts of interest

None.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this study.

Confidentiality of data. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the written informed consent of the patients or subjects mentioned in the article. The corresponding author is in possession of this document.

Use of artificial intelligence for generating text. The authors declare that they have not used any type of generative artificial intelligence for the writing of this manuscript nor for the creation of images, graphics, tables, or their corresponding captions.

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