

Extensive condyloma lata

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SUMMARY A rare case of extensive lesions of secondary syphilis of varied morphology is presented. The predominant lesions were of condyloma lata, which were present on neck, axillae, inguinal folds, and inner thighs.



Fig. 1 Condyloma lata on under surface of chin and both axillae. Hyperpigmented macules and papulosquamous lesions are also present on shoulders and anterior chest wall.

Secondary syphilis is varied in its clinical manifestation. It may involve any cutaneous or mucosal surfaces of body as well as an internal organ. The skin lesions are bilaterally symmetrical and may be macular, papular, follicular, papulosquamous, or pustular; they are seldom pruritic. Moist hypertrophic papular lesions (condyloma lata) occur most commonly in the anogenital region.

Here we present a case with extensive condyloma lata on the moist flexural surfaces of body and with other lesions including annular, papulosquamous lesions on the trunk, and mucous patches.

Material and methods

CASE

A 40-year-old man came to Skin and Venereal Diseases Outpatient Department complaining of extensive lesions all over the body.

He had moist, sodden, foul smelling, hypertrophic papular lesions under the chin, both axillae (Fig. 1), and the penoscrotal junction and inner thighs (Fig. 2). Condylomas 1 to 2 cm in diameter were also present on the nape of the neck (Fig. 3).

The trunk showed lesions of varied morphology. These ranged from small hyperpigmented macules to papulosquamous lesions on the chest, abdomen, and back (Figs 1 and 3). A few 1–2 cm diameter annular lesions were also present on the chest (Fig. 4). On the lower abdomen there were extensive



Fig. 2 *Condyloma lata* on penoscrotal junction and on inner surface of thigh. Mucous patches are present on coronal sulcus, inner surface of prepuce and on upper part of scrotum.

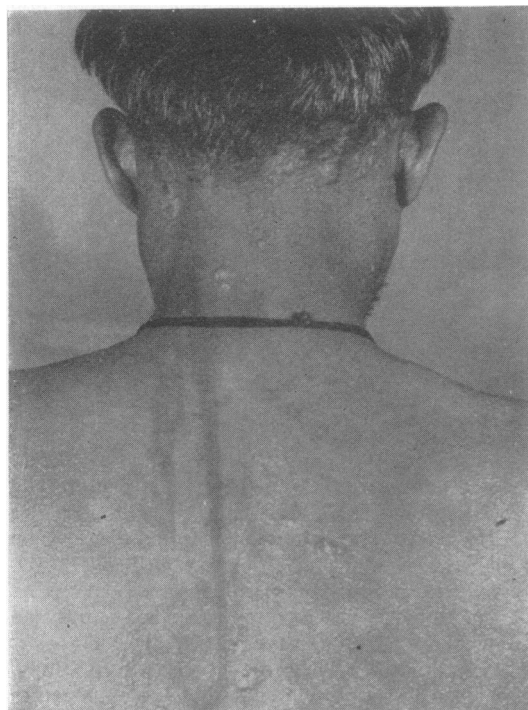


Fig. 3 *Collections of condylomata lata* extending along hair line to lower part of nape of neck. Hyperpigmented macular and papulosquamous lesions are present on the back.

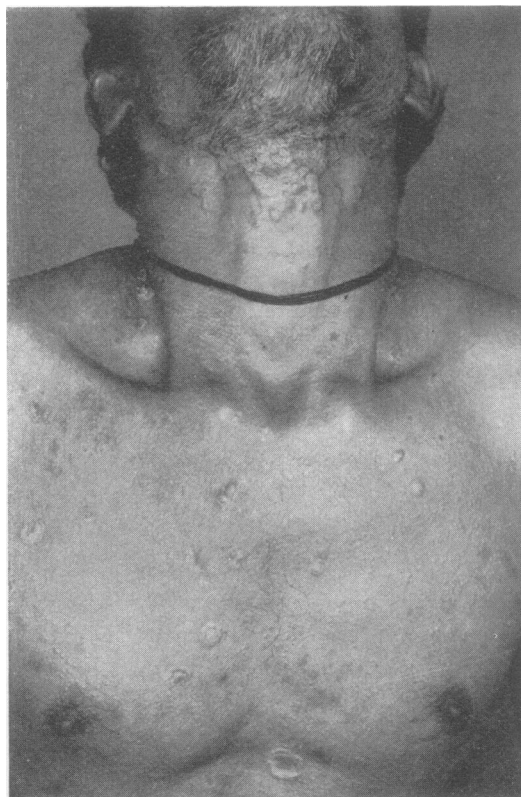


Fig. 4. *Condyloma* on under surface of chin and annular lesions on the anterior chest wall.

hyperpigmented macular lesions 0.5 to 2.0 cm in diameter (Fig. 5). The palms and soles also had multiple 0.5 to 1.0 cm in diameter hyperpigmented macular lesions. Mucous patches were present on the coronal sulcus, prepuce, scrotum (Fig. 2), and buccal mucosa. He also had generalised lymphadenopathy.

He gave a history of extramarital contact with a prostitute 10 months earlier. Between three and four weeks later he developed an ulcer on the glans penis which had healed spontaneously without any treatment.

His wife had no such lesions and he denied any contact with her for a year.

His serum Venereal Diseases Reference Laboratory test was reactive at 1:128. Dark ground examination of lesions of the chin and neck lesions showed *Treponema pallidum*.

He was given one injection of the benzathine penicillin 2.4 megaunits. His lesions cleared within 20 days and his serum VDRL titre fell to 1:16 within one month.

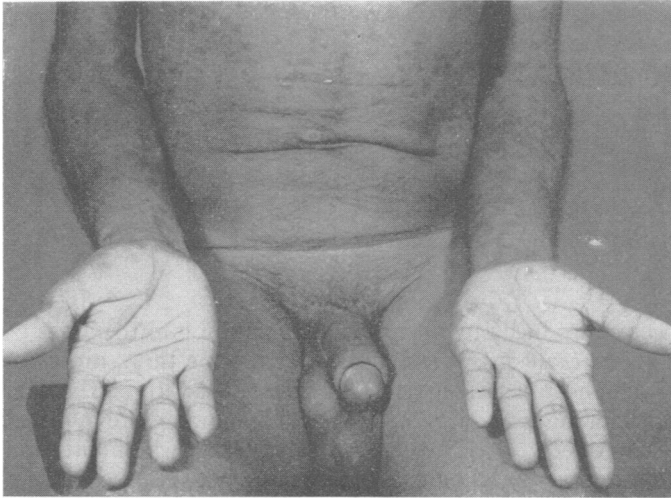


Fig. 5 *Hyperpigmented macular rash on lower part of anterior abdominal wall and on both palms.*

Discussion

Cutaneous manifestations of syphilis are many and varied. These mimic many dermatological entities. In a patient such as described above, these varied morphological features are uncommon.

Condyloma have been reported in the genital region, perianal region, on the vulva, scrotum, thighs, submammary area, axillae, umblicus, nasolabial folds, angles of mouth (Ormsby and Montgomery, 1954). Solitary lesions are also reported in the toe-webs, (Minkin *et al.*, 1967).

Patients with extensive lesions in the axillae, neck, and scrotum as in this case are known, but such lesions on nape of neck are rare and are not reported in the literature to our knowledge.

References

- Minkin, W., Landy, S. E., and Cohen, H. J. (1967). An unusual solitary lesion of secondary syphilis. *Archives of Dermatology*, **95**, 217.
Ormsby, O. S., and Montgomery, H. (1954). *Diseases of the Skin*, 8th edition, p. 1033. Lea & Febiger: Philadelphia.