

Presentation of perianal condylomata lata with rapid manifestation in newly diagnosed secondary syphilis



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LEARNING OBJECTIVES

- Understand syphilis stages and condylomata lata as a variable skin manifestation in secondary syphilis
- Understand the differential diagnosis and workup of perianal condylomata lata (Table 1)
- Understand the significance of prompt and effective diagnosis and treatment of perianal condylomata lata

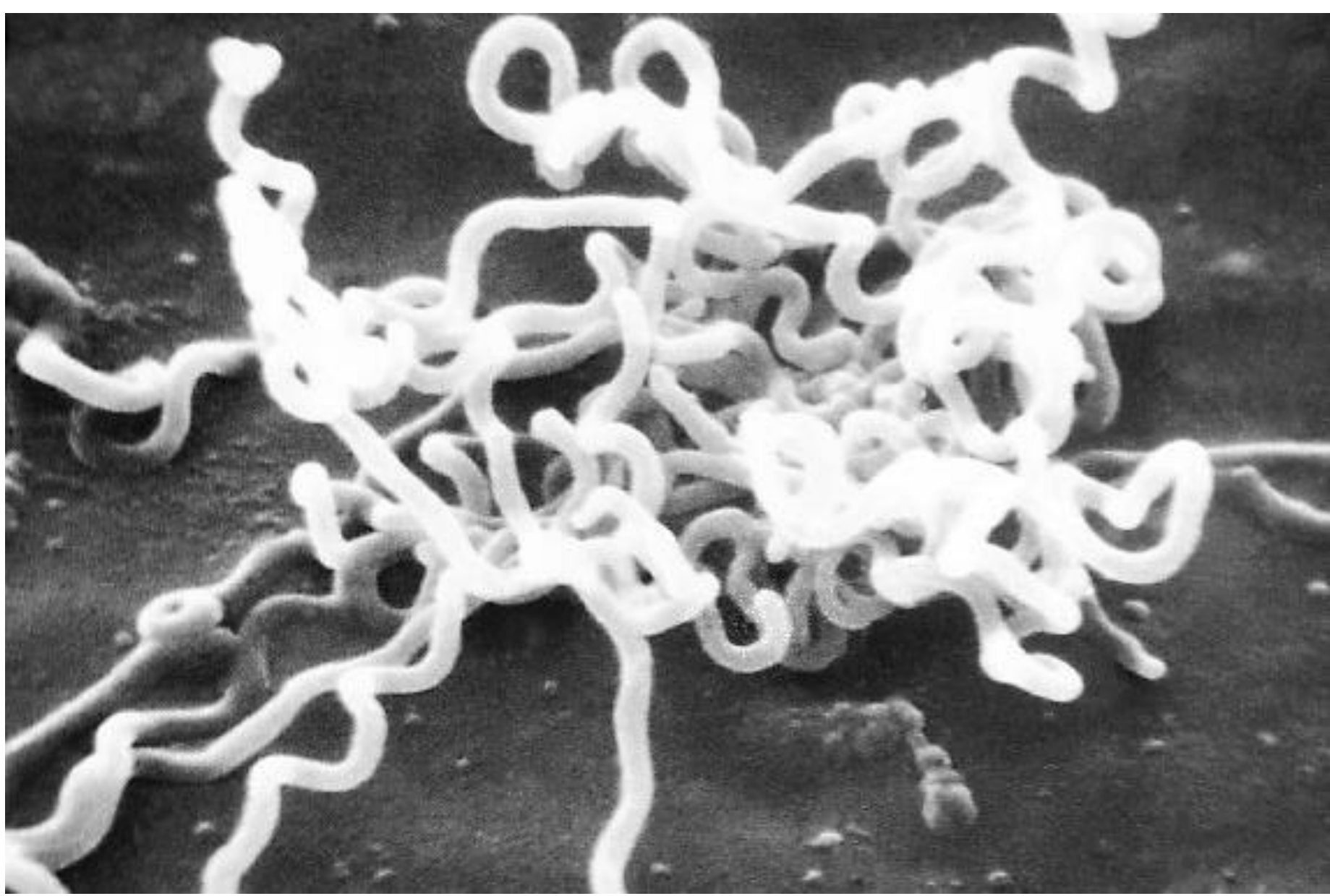


Figure 1. Electron micrograph of the spirochete *Treponema pallidum*.

BACKGROUND

- Syphilis is an infectious venereal disease caused by the spirochete *Treponema pallidum*, and its incidence increased 76% between 2013-2017.¹ (Fig. 1)
- Syphilis can be classified as primary, secondary, latent, and tertiary, and among these stages, skin manifestations are most variable in secondary syphilis and include condylomata lata, which are painless, broad, moist, gray-white to erythematous papules.²
- Condylomata lata can present with a perplexing differential diagnosis and is infrequently considered in the workup of peri-anal lesions.

PATIENT PRESENTATION

A 35-year old male presented with a two-week history of perianal pain and rectal bleeding.

- Sent from GI
- No history of associated purulent drainage or positive constitutional symptoms; history of HPV vaccination
- Physical exam showed thickened and dysplastic gray perianal lesions on right and left side coalescing centrally (Fig. 2)

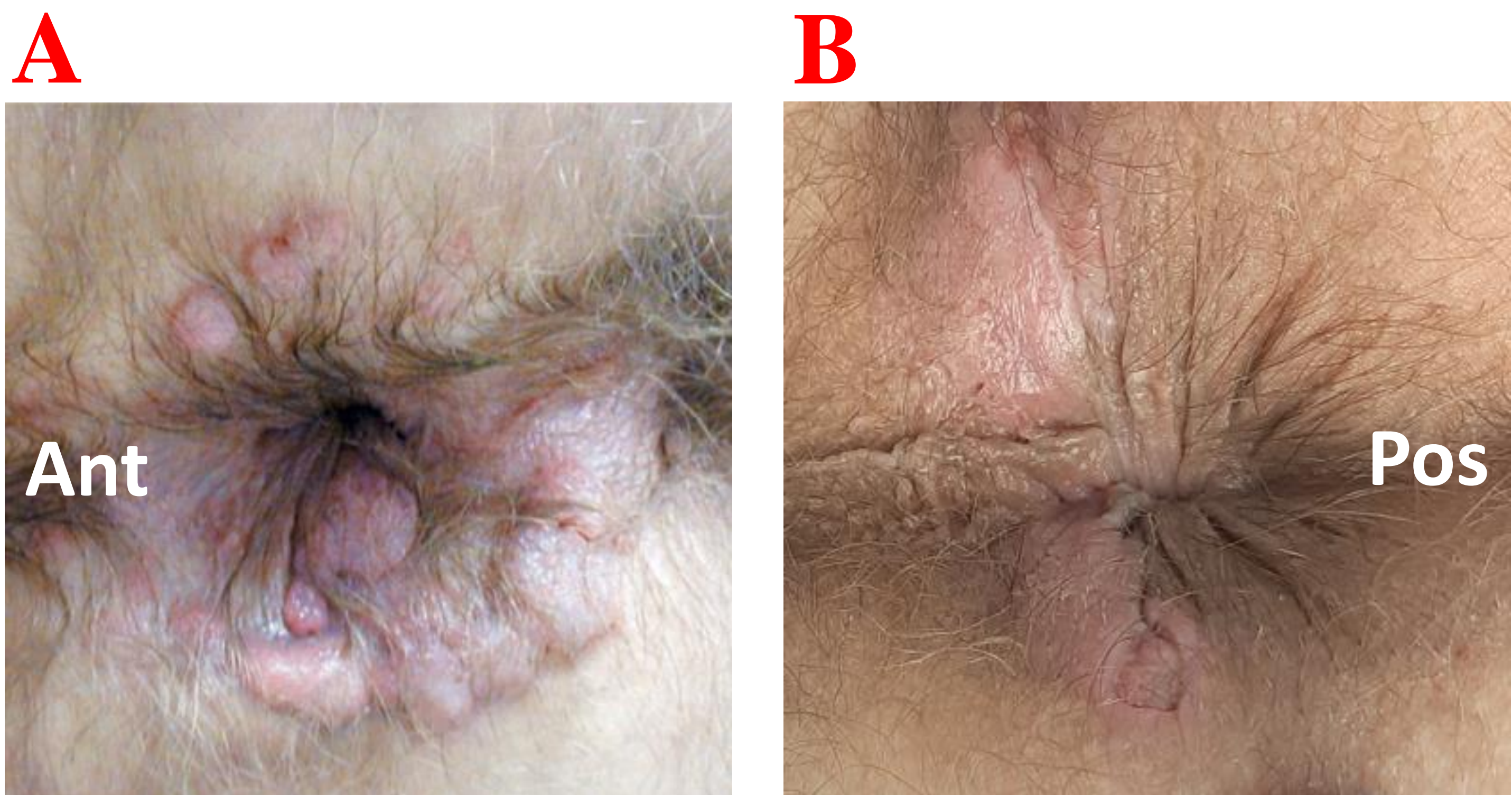


Figure 2. (A) Picture of perianal lesions like this patient presented with. The patient's lesions were characterized by thickened and dysplastic gray perianal lesions on right and left side coalescing centrally.³ (B) Post-excision pictures of perianal area of patient herein reported. Ant: anterior; Pos: posterior.

DISEASE COURSE

- After exam under anesthesia and collection of biopsy specimen, lesions were found to be friable requiring sharp excision and cauterization.
- Pathology results from the collected specimen demonstrated positive immunostaining for spirochetes and p16 (HPV surrogate marker) with numerous organisms extending to excisional margins; unable to acquire images.
- Diagnosis of *Treponema pallidum* infection was made, and the patient was sent for confirmatory RPR but never had test completed.
- Patient follow-up was poor and further clinical outcome is unknown.

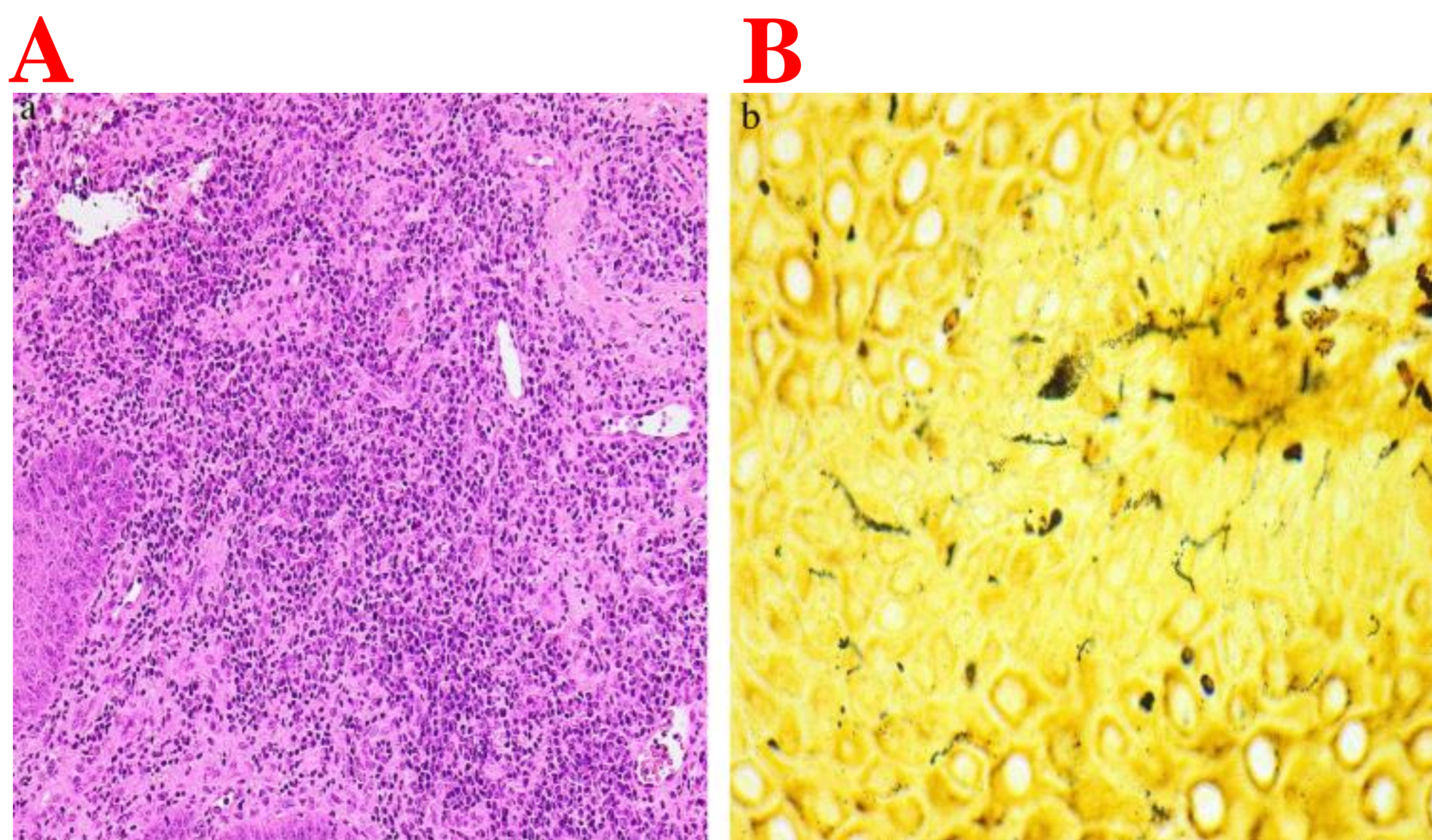


Figure 3. (A) Pathology specimen from perianal condylomata lata demonstrating anal squamous epithelium with profuse plasmacytic infiltrate. (B) Warthin-Starry stain showing *Treponema pallidum*.⁴

DISCUSSION

- This patient's HPI on presentation was unusual for syphilitic condylomata lata because the patient presented with perianal condylomata lata absent of a previous diagnosis of primary syphilis. Additionally, the patient reported the lesion as painful, which is atypical for condylomata lata.
- The patient's reported history of symptoms spanned a two-week period prior to presentation. This suggests a rapid progression of syphilis to the second stage.
- More social history about this patient would have been ideal. However, this patient interestingly reported having had an HPV vaccine, despite pathology showing positive p16.

Table 1. General differential diagnosis for anal mass.

Anal mass differential diagnosis

Internal/external/thrombosed hemorrhoid

Perianal abscess

Anal cancer

Anal condyloma acuminata

Anal condylomata lata

TAKE HOME POINTS

- In the evaluation of perianal masses, one should consider condylomata lata of secondary syphilis as these lesions can mimic other perianal lesions.
- Consider that syphilis progression can be clinically unremarkable, and symptoms may not present until the second stage or may rapidly progress.
- The incidence of syphilis has risen markedly in recent years, and providers should be cognizant of potential sequelae like perianal condylomata lata in the work up of skin lesions. Consideration of syphilis as a potential cause of perianal and other skin lesions may aid in prompt diagnosis and treatment of syphilis.

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