

LETTER TO THE EDITOR

Secondary laryngeal and pulmonary syphilis: A case report

Dear Editor,

A 21-year-old patient was admitted to the emergency room for hypophonia, cough and asthenia. The patient also reported unprotected MSM contacts. At the clinical visit, asymptomatic oral cavity lesions with mucous plaques covered by hyperkeratotic membrane were found (Figure 1a,b). Laryngoscopy was performed to investigate the origin of hypophonia and showed hypomobility of the left vocal cord and greyish vegetative lesions in the middle of it. Serologic test for syphilis was positive (VDRL: 1/16, TPHA: 1/2560). FBC and inflammatory indices were negative. HIV, Hepatitis B and C, EBV and CMV serology were negative. The patient was comprehensively screened for other STIs, such as Chlamydia and Gonorrhoea, by NAATs on urethral, anal and pharyngeal swabs and urine. A diagnosis of secondary syphilis was made. Primary infection has been asymptomatic. CT scan performed to exclude a mediastinal involvement. It showed a lesion-free mediastinum, enlarged supraclavicular and axillary lymph nodes, bilateral apical pleural thickenings, and multiple bilateral mid-basal nodules in continuity with peripheral vascular branches. The nodules were about 5 mm in maximum diameter each and were characterized by central punctiform radiotransparency. (Figure 2a,b). Further examinations were performed to rule out an infectious aetiology: the broncho-alveolar lavage (BAL) was negative for Acid-Fast Bacillus (AFB), Bacteria, Mycetes, Nocardias, Aspergilli, Pneumocystis Carinii, Legionella, Mycoplasma Pneumoniae, Chlamydia Pneumoniae, Rhinovirus, Bocavirus, Parainfluenzal virus 1-2-3, Cytomegalovirus, Herpes simplex 1 and 2, Adenovirus, Influenza A-B virus

and Respiratory syncytial virus. The patient was treated with Amoxicillin 1g twice daily for 3 consecutive days to reduce a possible Jarish-Herxheimer reaction as is local practice and Benzathine penicillin G,¹ administered as 3 weekly doses with remission of hypophonia after 2 weeks of treatment. Regression of vocal cord lesions at laryngoscopy and reduction of previously reported nodules was reported 2 months after treatment. A diagnosis of secondary syphilis with concomitant laryngeal and pulmonary involvement was made. The sexually transmitted disease syphilis in its secondary stage can involve different organs. Laryngeal involvement is a rare manifestation of secondary syphilis.² At laryngoscopy, grey-white plaques or superficial ulcerations are evident on the vocal cords.³ Diagnosis arises in presence of other manifestations of secondary syphilis that are almost constant on the oral cavity.⁴ Pulmonary involvement is exceptional.^{5,6} Patients are usually asymptomatic or paucisymptomatic.⁷ In 1983, Coleman et al.⁸ proposed diagnostic criteria for pulmonary involvement in secondary syphilis. They include history, symptoms and signs of secondary syphilis; positive serological test results; radiographically pulmonary abnormalities with or without symptoms or signs; exclusion of other forms of pulmonary disease, where possible, and radiologically demonstrated response to therapy. Our case met all these criteria. In secondary syphilis, lung lesions may present as solitary or multiple nodular opacities, usually subpleural and rarely infiltrating, with possible pleural effusion or lymphadenopathy.^{5,9,10} In conclusion, this is a very rare case of secondary syphilis with coexistence of two equally rare manifestations: pulmonary and laryngeal involvement.

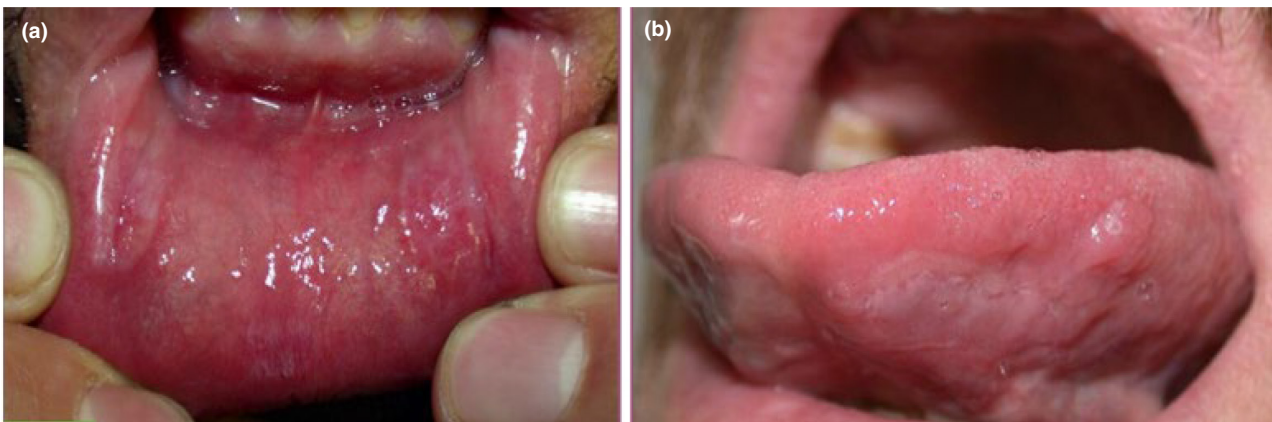


FIGURE 1 (a, b) Oral lesions characterized by mucous plaques covered with a greyish hyperkeratotic membrane. These lesions were asymptomatic.

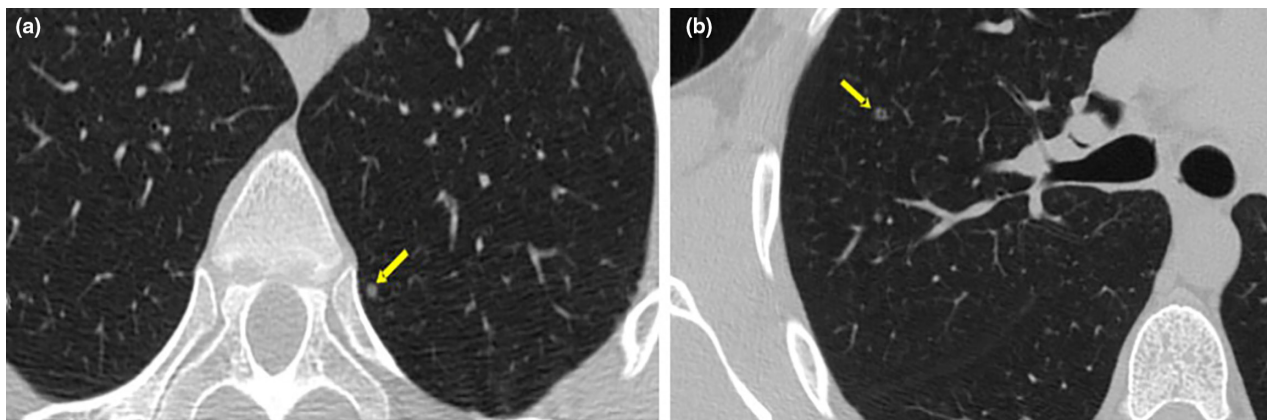


FIGURE 2 (a, b) Multiple small nodules characterized by central punctiform radiotransparency.

FUNDING INFORMATION

None.

CONFLICT OF INTEREST STATEMENT





The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

ETHICS STATEMENT

The patient in this manuscript signed written informed consent to media publication.

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