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A Case of Secondary Syphilis Presenting with a Vaginal Mass: A Case Report

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Authors' contributions

This work was carried out in collaboration between all authors. Authors OBT and ZOD wrote the draft of the manuscript. Authors OBT and ZOD managed the literature searches. Authors MK and YI designed the figures, managed literature searches and contributed to the correction of the draft. Authors OBT and MK provided the case, the figures and supervised the work. All authors read and approved the final manuscript.

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Case Study

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ABSTRACT

Syphilis is an infectious venereal disease caused by the *Treponema pallidum* that presents with variable clinical manifestations. Herein we present an atypical case of secondary syphilis presenting with vaginal mass as the main complaint. Syphilis should be kept in mind as one of the diseases in differential diagnosis checklist in management of nonspecific genital masses which do not address any disease initially.

Keywords: Syphilis; hepatitis; vaginal mass.

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1. INTRODUCTION

Syphilis is a sexually transmitted disease which became very infrequent by organizational efforts and antibiotics [1]. The lowest documented rates of syphilis were in the year 2000, but have been slowly increasing over the past decade especially in HIV positive homosexual population [2,3]. Syphilis has a widely variable clinical presentation and mimics many infections. Herein we present a case of syphilis demonstrated by a vaginal mass as the main complaint.

2. CASE REPORT

A 52-year old postmenopausal patient was admitted to our gynaecology outpatient clinic with complaint of vaginal mass. The mass had emerged one month before and did not change in size. She had an unremarkable medical history other than hypercholesterolemia. In her genital examination a firm, nontender, irregularly bordered nodule in mucosa of one third distal part of posterior vaginal wall in 20x30 mm dimensions was identified. The mass was not clearly visible though it was palpable. No ulceration or color change was observed (Fig. 1). She did not mention any genital lesion previously. Physical examination revealed cervical and inguinal lymphadenopathy. There were whitish papules in right buccal mucosa and right part of tongue. Upon these findings syphilis was suspected, and in thorough medical history a penile lesion of her spouse which spontaneously disappeared two months before was learned.

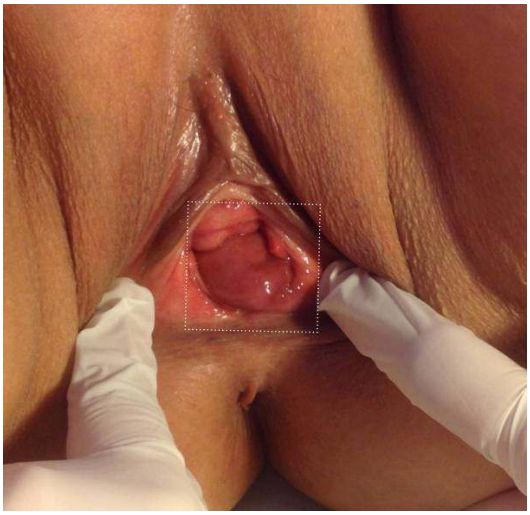

Fig. 1. Nontender, irregularly bordered nodule in mucosa

Laboratory tests were as follows: Aspartate transaminase (AST) 67 IU/L, alanine transaminase (ALT) 98 IU/L, C-Reactive Protein(CRP) 57 mg/L, erythrocyte sedimentation rate (ESR) 62 mm/hr, venereal disease rearch laboratory (VDRL) ++ and *Tropenema pallidum* hemagglutination absorption (TPHA) was positive with a titre of 1/1280. A hepatitis panel including Ig M Anti-HAV, HBS Ag, and anti-HCV, antinuclear antibody and human immunodeficiency virus (HCV) were all nonreactive. Chest radiography was normal.

According to the clinical and serologic findings secondary syphilis was diagnosed and treated with penicillin as recommended by WHO. Two months after therapy vaginal lesion significantly resolved and oral mucosal lesions had disappeared. Six months later at control visit, vaginal mass had completely disappeared. Alkaline phosphatase and transaminase levels became normal. VDRL was positive; THPA was 1/160 and anti HIV was still negative.

3. DISCUSSION

This is the first case report to our knowledge of vaginal mass associated with syphilis. *Treponema pallidum* (*T pallidum*) rapidly penetrates intact mucous membranes or microscopic dermal abrasions, and, within a few hours, enters the lymphatics and blood vessels to produce systemic infection. Histopathologicaly it leads endarteritis, and affects every system. Cutaneous findings of syphilis emerge in three clinical stages: Early (primary and secondary), latent and late (tertiary), each stage having its own unique presentations. Nontender chancre at site of transmission is characteristic manifestation of primary syphilis. Sometimes it may be unrecognized and left untreated which lead progression through secondary, latent and tertiary stages. Cardiovascular and neurologic manifestations are responsible from serious consequences of tertiary syphilis [4,5]. In the secondary phase disease may spread hematogenously to any organ, most frequently skin. At this stage frequently macular or papular lesions; and seldomly nodular and pustular lesions may be observed. Other common features are fever, lymphadenopathy, and genital or perineal condyloma latum [6]. Syphilis has a widely variable clinical presentation and may simulate every condition; so called *the great imitator* [7-9]. Diversity of manifestations led to Sir William Osler's famous comment, "*The physician who knows syphilis knows medicine*"

[10]. Vaginal mass is an unexpected presentation for syphilis. Although biopsy was not performed, emergence of the lesion concomitant with other syphilis findings and resolution with treatment strongly supports causal relationship between syphilis and the vaginal mass.

Elevation of transaminases in syphilis is common, although it is rarely symptomatic [11,12]. Normalization of asymptomatic high serum alkaline phosphatase and slightly high serum transaminase levels after treatment elucidates *Treponema pallidum* as the etiologic agent.

4. CONCLUSION

Vaginal mass as the admission complaint is an unexpectedly unusual finding for syphilis. Syphilis should be kept in mind as one of the diseases to be added in differential diagnosis checklist in management of nonspecific genital masses which do not point any disease initially.

CONSENT

Consent was obtained from the patient prior to manuscript submission.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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