A Case of Pharynx Syphilis at Secondary Stage

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Abstract

A 48-year-old female patient had throat discomfort and slightly pain for three month. Her symptom was getting aggravatred and repetitive after being misdiagnosed with acute tonsillitis. Later, we found patient’s mucous membrane of double tonsil, palatoglossus arch, palatopharyngeus arch, palatine uvula was covered by white pseudo-membrane. It was suspected as syphilis of the pharynx. Rapid Plasma Reagin (RPR) and Treponema Pallidum Hemagglutination Assay (TPHA) tests confirmed the pharynx syphilis. After the patient went through the anti-syphilitic remedy, her symptoms and signs completely disappeared. During the 24-month routinely follow-up, no relapse was observed and the pharynx lesion disappear accompany with negative RPR tests results.

Keywords: Pharynx; Syphilis; Secondary syphilis

Introduction

Syphilis is a sexually transmitted disease caused by the spirochete Treponema pallidum. Syphilis could affect any human organs and tissues and trigger various manifestations. The incubation period of Treponema pallidum is between 15 and 90 days. Recently, the incidence of syphilis is increased rapidly in China, and it is ranked number three among infectious diseases in China, only preceded by tuberculosis and hepatitis. China economy development, imbalance of male and female population, emergence of numerous migrant workers from rural area, the social acceptance of sexual services, and the growth in number of male homosexuality are the major attributions to the increase in incidence rate of syphilis [1]. Such incidence rate grew from 6.43 percent of every one thousand population in 2000 to 32.86 percent in 2013 [2].

The typical site infected by syphilis is genital. About 85 percent of patients with primary syphilis have genital chancre, and only 4 percent of them have oropharynx be affected [3]. The typical site are the genital area but 5% of all chancres are extra genital and the mouth is the most frequent location especially in man who have sex with men. The primary chancre can also occur on anus, fingers, nipples [4]. The manifestations of syphilis is more complicated nowadays and it is more easily to get missed and misdiagnosed by physicians [5]. Therefore, pharynx syphilis report is currently quite rare.

Case Presentation

A 48-year-old female patient had no fever but throat discomfort, mild sore throat, cough, and voice hoarseness three months ago. Her symptom was getting aggravated, and she personally started taking anti-infective medicine as treatment. However, it did not ease her symptoms, so she visit Tongji Hospital’s otolaryngology department and she was preliminarily diagnose with acute tonsillitis. The doctor in Tongji Hospital treated this female patient by using penicillin and metronidazole intravenous dose, and her manifestations were mitigated. However, once the patient’s treatment was discontinued for several days, her manifestations would relapse. On May 20, 2011, this female patient had first visit of my department for another opinion, and I found that she had throat congestion and lymphadenopathy. In addition, mucous membrane of double tonsil, palatoglossus arch, palatopharyngeus arch, palatine uvula was covered by white pseudomembrane, which did not bleed but was hard to be erased and became painful once it was touched (Figure 1). Three tests were performed: rapid plasma regain circle card test (PRP) had titer of 1:64; Treponema Pallidum Hemagglutination test (TPHA) yield positive reaction; HIV screening test show negative result. Later, dermatology department was also invited for consultation. The female patient denied having any unclean sexual intercourse history after being further inquired of her medical history. The husband of this female patient was advised to see the doctor. It was found that he had genital syphilis and he admitted that he had unclean sexual intercourse history. Based on the test results, this female patient was diagnosed with secondary syphilis. To cure the syphilis, a single dose of 2.4
Pharynx syphilis of some patients may be alleviated by certain inappropriate treatment, but it may not completely kill *treponema pallidum* because it is not antisyphilitic treatment. Thus, inappropriate treatments for syphilis will lead to recurrence of symptoms, and it is highly contagious. Early diagnosis of syphilis is a fundamental precondition to prevent the syphilis from spreading.

**References**


