



Condylomata Lata on the Vulva

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Abstract

We report condylomata lata on the vulva in 25-year-old woman as an isolated manifestation of secondary syphilis who responded favorably to treatment with penicillin. Gynecologists must stay alert and consider syphilis in the differential diagnosis of unusual papular and warts-like lesions of the vulva.

Keywords: Condylomata lata; Secondary syphilis; Vulva

Introduction

Syphilis is a venereal disease caused by *Treponema pallidum*. In 2012, there were estimated 5.6 million new syphilis cases in women and men aged 15-49 years globally [1]. Untreated, syphilis passes through four stages: primary, secondary, latent and tertiary. With the patient's consent, we present a case of condylomata lata, one of extremely broad spectrum of skin and mucosal lesions seen in patients with secondary syphilis [2].

Case Report

A 25-year-old woman is presented with a four-week history of painless verrucous lesions in her genital area. She was referred by a gynecologist to an outpatient clinic for skin and venereal diseases. Physical examination revealed the warty, non-painful numerous lesions on the vulva (Figure 1). Further examination showed no other mucous membrane lesions or cutaneous manifestations. She was HIV-negative and otherwise healthy. Laboratory findings, including complete blood count and blood chemistry were within normal limits.

Patient had unprotected vaginal sex with an unknown partner 3 months before the onset of the lesion. Serological results included positive nontreponemal reaction - Venereal Disease Research Laboratory (VDRL) test titer was 1:64, with specific *Treponema Pallidum* Haemagglutination Assay (TPHA) test being positive as well. Clinical manifestations and positive serologic tests for syphilis confirmed the diagnosis of secondary syphilis, and condylomata lata were the only symptom of the disease.



Figure 1 Multiple flesh-colored and whitish verrucous nodules and plaques on the vulva.

The patient was treated with a single dose of 2.4 million units of intramuscular benzathine penicillin G and the lesions completely subsided three weeks after the treatment. Six months later, the VDRL titer significantly declined (1:4).

Discussion

Condylomata lata are characterized by the flat moist papules or elevated verrucous or cauliflower-like papules or plaque usually located at sites where two body surfaces are in apposition such as anogenital areas. Characteristics of this site are constant moisture, friction and maceration facilitating coalescence and growth of these highly contagious lesions.

Condylomata acuminata or bowenoid papulosis which are associated with human papillomavirus infection are common mimickers of condylomata lata. The diagnosis of condylomata lata is based on typical skin lesions and positive serologic tests for syphilis.

Conclusion

Gynecologists must stay alert and consider syphilis in the differential diagnosis of unusual papular and warts-like lesions of the vulva.

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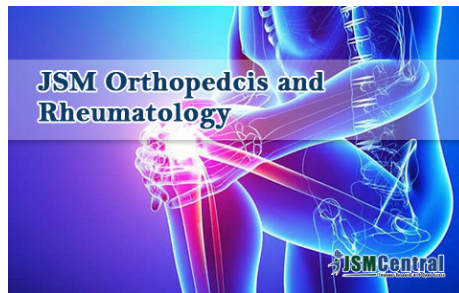
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