

Oral manifestations of syphilis



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Introduction

Syphilis is a sexually transmitted infectious disease caused by the spirochete microorganism *Treponema pallidum* (MedlinePlus, 2014). According to Ficarra and Carlos, syphilis, compared to other sexually transmitted diseases, is easily contracted by any close contact with an infectious lesion, this includes oral sex and kissing. The bacterium enters the lymphatic and blood stream spreading through many organs along with the central nervous system (2009). The population with the highest risk in contracting syphilis is young adults between ages 15-25 (MedlinePlus, 2014).

Syphilis has been around for a long time and has manifested itself in a plethora of ways. “ Syphilis evolves through a series of four overlapping stages commonly known as primary syphilis, secondary syphilis, latent syphilis, and tertiary syphilis” (Ficarra & Carlos, 2009). Each stage of syphilis has recognizable manifestations. Ficarra and Carlos showed that the primary stage of syphilis is also known as syphilis chancre and this occurs at the site of infection. The majority of the extra-genital chancre are found in the mouth (45-75%) but can occur on any body part such as the hands of health care workers. The Secondary stage of syphilis develops within 2-12 weeks from the initial contact with the bacterium. This stage is easy to diagnose but can also be confused with other skin diseases. Following secondary is the latent period which does not show any clinical signs or symptoms of syphilis. The tertiary stage is where long term complications come along (2009). “ The

presence of oral manifestations may be a feature of all stages of syphilis and often may be its first clinical manifestations...” (Singh & Patil, 2013).

Oral Manifestations of Syphilis

Oral manifestations are viewed in about 4-12% of patients with primary syphilis and appear at the area where the bacteria entered into the mucosa. Common sites are the tongue, gingiva, soft palate and lips (Ficarra & Carlos, 2009). “ Typical mucous membrane lesions tend to be oval, serpiginous, raised erosions or ulcers with an erythematous border. There is an overlying gray or silver membrane” (Singh & Patil, 2013). Comparing primary oral lesions to secondary, primary lesions are few and painless whereas secondary are usually painful and multiple (Singh & Patil, 2013). “ The oral manifestations of secondary syphilis are more extensive and/or variable. Mucous patches are highly infectious since they contain vast number of organisms” (Bhovi, Gupta, Devi & Pachauri, 2014). The common sites to find secondary lesions are the soft palate and pillars, tongue, and vestibular mucosa. Often pharyngitis, tonsillitis and laryngitis are associated with secondary syphilis (Ficarra & Carlos, 2009).

Case studies, done by Bhovi et al. (2014) and Singh and Patil (2009), both discovered rare manifestations where syphilis oral lesions were present without any other signs or symptoms. “ There are only few reports of secondary syphilis presenting with isolated oral lesions” (Bhovi et al. 2014). Bhovi et al. also stated that “ Isolated oral ulcerations in secondary syphilis are unusual.” (2014). In the case Singh and Patil were studying, they found a “[R]are presentation of localized oral lesions of secondary syphilis for 15

days with the absence of skin lesions” (2009). It was found that both cases present the rarity of syphilis manifesting itself in the oral cavity on its own.

“ Tertiary syphilis manifests itself in the oral cavity as gumma localized mainly in the hard palate” (Ficarra & Carlos, 2009). Ficarra and Carlos also stated how there is not much research regarding oral syphilis and this is most likely because of its anomaly of oral manifestations (2009). MedlinePlus (2014) found “ Symptoms of tertiary syphilis depend on which organs have been affected.”

Diagnosis

Singh and Patil (2013) concluded that “ Many patients infected with venereal diseases have oral manifestations, but very few dentists and physicians have the proper experience to diagnose syphilis or other STDs from oral lesions.”

This raises the risks of the diseases being transferred if the health care workers are pre-exposed to the lesions unaware of what they are from. There are tests and exams that the doctor or nurse may do to diagnose syphilis.

MedlinePlus (2014) listed the tests as “ Examination of fluid from sore”, “ Echocardiogram, aortic angiogram, and cardiac catheterization to look at the major blood vessels and heart”, “ Spinal tap and examination of spinal fluid”, and “ Blood tests to screen for syphilis bacteria...”.

Treatment

According to MedlinePlus (2014), “ Syphilis can be cured if it is diagnosed early and completely treated.” Ficarra and Carlos (2009) stated “ Benzathine penicillin G or aqueous penicillin G remains the drug of choice for all forms of syphilis.” For patients that are allergic to penicillin, “ Oral tetracyclines are also effective in the treatment of syphilis... (Ficarra & Carlos, 2009).” “

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Tetracycline, 500mg, orally four times daily for 14days, or doxycycline 100mg orally twice for 14 days...” (Ficarria & Carlos, 2009). MedlinePlus (2014) notified “ Length of treatment depends on how severe the syphilis is, and factors such as the patient’s overall health.”

Conclusion

After researching syphilis, the importance of being able to recognize the disease in the early stages is amplified not only for the individual who obtains it, but for the others who are potentially exposed to it. It is clear from my findings that syphilis has a variety of manifestations at once and it is very interesting to further learn about the rare cases of syphilis occurring only in the mouth. The four stages change very drastically from painless, to painful, to asymptomatic, to lethal. Again, emphasising the importance to seek treatment before it is beyond curable. Since there are many oral manifestations of syphilis dental professionals should be aware of what they may come in contact with. The transfer from the oral cavity to the health care workers hand is an entry way for the disease to be contracted. It is imperative to always take full precautions in any disease or disorder in the oral cavity and treat every patient with that potential.

References

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