Condyloma lata

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A previously healthy 47-year-old male presented to a community hospital emergency department (Manitoba, Canada) with nodular cutaneous lesions involving the right side of his scrotum, the right thigh, the left inguinal crease, and his penis. The lesions were malodorous and had been progressing over a period of approximately two months. The patient denied having fever, rash, arthralgias, or urinary symptoms. He was sexually active with female partners, and reported he last had unprotected sex one week before presenting to care. He was not forthcoming regarding the number of partners with whom he had sex over the preceding six months. The patient was born in Laos, but had lived in Canada for over thirty years. He denied recent travel and recreational drug use, and was currently working in the home renovation industry.

On inspection, the patient had a large verrucous/nodular lesion measuring approximately 3 cm in maximal diameter involving the right side of the scrotum (Fig. 1). Many other nodular lesions were observed in the inguinal regions and on the penis. The lesions were not tender to palpation. Small inguinal lymph nodes were present bilaterally. The remainder of the physical examination was unremarkable. The patient was referred to an Infectious Diseases outpatient clinic. One of the lesions was biopsied, and he underwent testing for sexually transmitted infections. The biopsy demonstrated prominent irregular epidermal hyperplasia, with a mixed inflammatory infiltrate in the subjacent dermis. An immunostain for \textit{Treponema pallidum} was positive (Fig. 2). The histopathology was consistent with a diagnosis of condyloma lata. The patient was subsequently found to be positive for syphilis on serology (RPR titre of 1:128). Serologic testing for HIV, hepatitis B, and hepatitis C was negative. He was treated with a single dose of benzathine penicillin G 2.4 million units intramuscularly.

Syphilis is an infection caused by the spirochete \textit{T. pallidum} subspecies \textit{pallidum} \cite{1}. In Manitoba, the rate of infectious syphilis has increased from 9.2 per 100,000 in 2014 to 57.9 per 100,000 in 2018 \cite{2}. The clinical stages of syphilis are primary, secondary, early non-primary non-secondary, and unknown duration or late \cite{3}. Condyloma lata may be seen as a manifestation of secondary syphilis in approximately 6 to 23\% of patients \cite{1,3–6}. The lesions are highly infectious \cite{3,4}. They present as moist papules or nodules, with a smooth, verrucous, or hypertrophic surface \cite{3}. Condyloma lata most commonly
occur in the anogenital area, the medial thighs, or inframammary creases (areas of skin apposition) [3]. The differential diagnosis includes condyloma acuminata and malignancy (e.g., squamous cell carcinoma) [3,4]. Syphilis is typically diagnosed by serology, but a diagnosis can also be confirmed by immunohistopathology or nucleic acid amplification if biopsy of a lesion is obtained [1,7]. Condyloma lata are treated with a single dose of benzathine penicillin G (i.e., treat as for secondary syphilis) [1,7]. Given the rise in syphilis cases occurring across Canada and elsewhere in the world, it is important for clinicians to be aware of this less common but classic presentation such that diagnostic testing is performed and treatment initiated in a timely manner.

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CRedit authorship contribution statement

LS and JME: clinical management of the patient, writing and editing the manuscript. AW: writing, editing the manuscript. SH: obtaining pathology images, editing the manuscript.

Consent

Written informed consent was obtained from the patient for publication of this case report and accompanying images.

Declaration of Competing Interest

The authors report no conflicts of interest.

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Fig. 1. Nodular/verrucous cutaneous lesions involving the right side of the scrotum and inguinal regions.

Fig. 2. Immunohistochemical staining of a lesion biopsy specimen using commercial anti-Treponema pallidum antibodies demonstrated coiled spirochetes.