Oral condyloma lata: A rare case report

Sir,

Syphilis usually begins with a distinct painless and indurated ulcer at the contact site: the primary chancre. After spontaneous healing of the primary lesion, the clinical symptoms of secondary syphilis occur which presents with generalized lesions on the skin and mucous membranes, primarily macules progressing to papules. Mucosal involvement of the oral cavity, genital tract, or both, is common in the form of condyloma lata, which are raised, fleshy, white to gray lesions. Condyloma lata often develops without treatment of the primary chancre. A 50-year-old Hindu male presented with asymptomatic enlarging plaque since 1 month on hard palate. The patient had a 1 cm large asymptomatic lesion over hard palate. On inquiry, the patient said that initially the lesion was small grained sized which slowly increased to become coin sized over the next 1 month. There was a history of unprotected extramarital sexual intercourse 5 months back. There was no history of skin lesions and genital lesion.

On physical examination, there was the presence of a single broad flat well-demarcated erythematous whitish nontender, odor less plaque of size 3–4 cm on hard palate [Figure 1]. There were no other oral
and cutaneous lesions. On lab investigations, VDRL test was positive with titre 1:32. *Treponema pallidum* hemagglutination test was also positive. Serologic test for HIV was negative. There was no other systemic involvement. Laboratory investigations were within normal range.

On the basis of clinical and laboratory finding, the case was diagnosed as secondary syphilis with oral condyloma lata. The patient was treated with intramuscular benzathine penicillin G, 2.4 million units. The lesions disappeared within 1 week of treatment [Figure 2].

Syphilis has a worldwide health problem with potential to manifest multiple patterns of skin and visceral diseases. Secondary syphilis occurs in up to 25% untreated patients manifest with systemic symptoms including malaise, fatigue, fever, and headache and a classical copper-colored maculopapular rash diffusely involving the trunk and extremities including the palms and soles, oral mucosal lesions; alopecia; and condylomata lata.\(^1,2\) It can be treated easily if recognized early. Condyloma lata is one of the characteristic mucosal signs of secondary syphilis. Lesions in the oral cavity have been rarely reported.\(^3\) Typically, they are gray or white, moist, verrucous papules or plaques commonly located in the anogenital area. Atypical sites include warm, moist or intertriginous, such as the umbilicus, axilla, inframammary folds and toe web spaces. Eventhough, in oral cavity nonpathogenic treponema are also present, they hardly have any clinical significance. Differential diagnoses include condyloma acuminate, verruca vulgaris, oral lichen planus, oral leukoplakia, Bowen's disease, squamous cell carcinoma, and oral candidiasis. The most specific test for the diagnosis of *T. pallidum* includes dark groud illumination microscopy. Although, serologic testing remains the mainstay, since *T. pallidum* cannot be cultured. The traditional algorithm uses a nontreponemal serologic test for screening followed by a specific treponemal antigen serologic test for confirmation.\(^4\) Even though, the spectrum of syphilis depends on stage of patient's presentation, occurrence of purely oral lesions has been a rarely reported entity in literature. An awareness among at risk patients is the most effective way to prevent transmission, progression, and provide a prompt treatment.

**Declaration of patient consent**
The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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Sir,

The use of the term “chemsex” has stirred debate in recent times. It relates to the intake of one or more psychoactive drugs before or during sex, to facilitate and/or to enable, enhance, and prolong the sexual interaction. The drugs used for this purpose are mephedrone, γ-hydroxybutyrate/γ-butyrolactone, and crystallized methamphetamine. Although young gay and bisexual men having sex with men have a higher tendency to use these drugs in combination, the practice is now increasingly common among straight people also.

People engaging in chemsex report better sex as these drugs help them to overcome their inhibitions such as lack of confidence and self-esteem, homophobia, and stigma about their HIV status, increased stamina and pleasure; facilitate sustained arousal and instant rapport with their sexual partners.

Hence, under the influence of these drugs, they are more likely to engage in the risky sexual behavior (fisting, anilingus, and scat play) which in turn may result in increased transmission of sexually transmitted infections (STIs) including blood‑borne viruses and enteric pathogens including Shigella and Escherichia coli, which eventually leads to greater demand for health‑care resources.

Although more common in European countries, reports about chemsex have started appearing in Indian media where it is also referred as “high fun.” However, there is a dearth of scientific data from India, probably due to the punitive drug laws and the criminalization of sexual behavior between men.

Use of multiple drugs in chemsex sessions is frequent which not only potentiates their effects but also can lead to unwanted side effects including agitation, anxiety, paranoia, aggression, and psychoses. Chemsex drug users often describe “loosing days” – not sleeping or eating for up to 72 h which harms their general health.

Chemsex has also been implicated as an important potential risk factor for STIs. Use of these drugs before or during sex is linked to a higher number of sexual partners, higher levels of high‑risk sexual behavior, coupled with potential for penile abrasions or rectal trauma, resulting from intense sexual activity (oftenly unprotected) which provides opportunity for STI/HIV transmission. Some chemsex practices, particularly IV drug use has been described as a “perfect storm” for transmission of HIV and hepatitis C virus.

Moreover, the coexisting STI facilitates the transmission and acquisition of other STIs including HIV. Nonulcerative STIs caused by Chlamydia trachomatis and genital mycoplasmas potentially increase the susceptibility of HIV acquisition and...