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Umbilical condyloma lata

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Abstract

Condyloma lata, a cutaneous manifestation of secondary syphilis, usually appear as verrucous papules and plaques in the anogenital area. Involvement of the umbilicus is very uncommon. Thus, awareness of this presentation, along with appropriate history, physical exam, and laboratory testing may aid clinicians in prompt and accurate diagnosis. We describe a patient with an unusual presentation of condyloma lata on the umbilicus.

Keywords: syphilis, condyloma lata, *Treponema*, umbilicus

Introduction

Syphilis is a sexually transmitted infection caused by the spirochete *Treponema pallidum*. In 2017, over 30,000 new cases of primary and secondary syphilis were reported in the United States (US) alone. Throughout the US, reported cases of both primary and secondary syphilis have increased almost every year since 2001 [1]. Condyloma lata are a manifestation of secondary syphilis and can develop weeks to months after primary infection. Though this

clinical finding is most commonly found in the anogenital area [2], we describe an unusual presentation of condyloma lata on the umbilicus.

Case Synopsis

A 44-year-old man with a history significant for polysubstance abuse and homelessness presented with a one-month history of painful lesions on his thighs and genitals. Prior sexual history included previously treated chlamydia and gonorrhea. His female partner reported a history of human papilloma virus (HPV) infection and also described similar lesions on her genital area.

Physical examination revealed multiple moist, malodorous pink-white papules and plaques on the scrotum, penis, medial thighs, and most notably, umbilicus (**Figure 1A, B**). Hyperpigmented papules with collarettes of scales were noted on the extremities and soles of his feet (**Figure 1C**). There was no evidence of oral involvement.

A shave biopsy of an eroded plaque from his left groin revealed epidermal hyperplasia with neutrophils and plasma cells (**Figure 2A, B**). Immunohistochemical staining for *Treponema*



Figure 1. Affected regions of the patient included: A) multiple soft, white, smooth papules and plaques (condyloma lata) on the umbilicus, B) scrotum, penis, and thighs, C) Hyperpigmented patches with collarettes of scale on the sole of the right foot.

pallidum demonstrated numerous spirochetes in the epidermis (**Figure 2C**). Laboratory work up revealed positive syphilis IgG antibody and a rapid plasma reagin (RPR) titer of 1:256. HIV testing was negative.

The history, physical exam, histopathology, and serologic findings confirmed the diagnosis of secondary syphilis. The patient was subsequently treated with 2.4 million units of intramuscular benzathine penicillin G.

Case Discussion

Secondary syphilis presents weeks to months after primary infection through hematogenous and lymphatic dissemination. Systemic symptoms can include a prodromal syndrome of fever, malaise, weight loss, headache, arthralgias, and sore throat. Classic cutaneous findings include a generalized papulosquamous eruption affecting the palms and soles, as well as condyloma lata. Untreated, resolution of secondary syphilis can spontaneously occur after weeks to a few months [3].

Condyloma lata presents as smooth, moist, flat-topped, pink-to-red papules or plaques with abundant accumulations of spirochetes [4]. Lesion growth is precipitated by warm and moist environments and may explain why the umbilicus is implicated in specific cases. Friction, tight clothing [5], and poor personal hygiene [5, 6] are additional exacerbating factors. Most commonly affected areas are sites of apposition, primarily the anogenital region and medial thighs. Other reported sites include the inframammary folds, posterior ears [5], face [6], axillary fold [4], nasolabial fold [4], interdigital webs [7, 8], and other flexor creases [4].

Patients with condyloma lata involving the umbilicus have been documented in only a few prior case reports [2, 5, 6, 9], (**Table 1**). Previous cases have described isolated umbilical lesions as well as those with accompanying features of secondary syphilis. Condyloma lata can be clinically difficult to distinguish from conditions such as condyloma acuminata [2, 4], especially in rare cases of a solitary umbilical lesion.

The finding of an umbilical lesion should warrant a full body skin examination. In our patient, classic

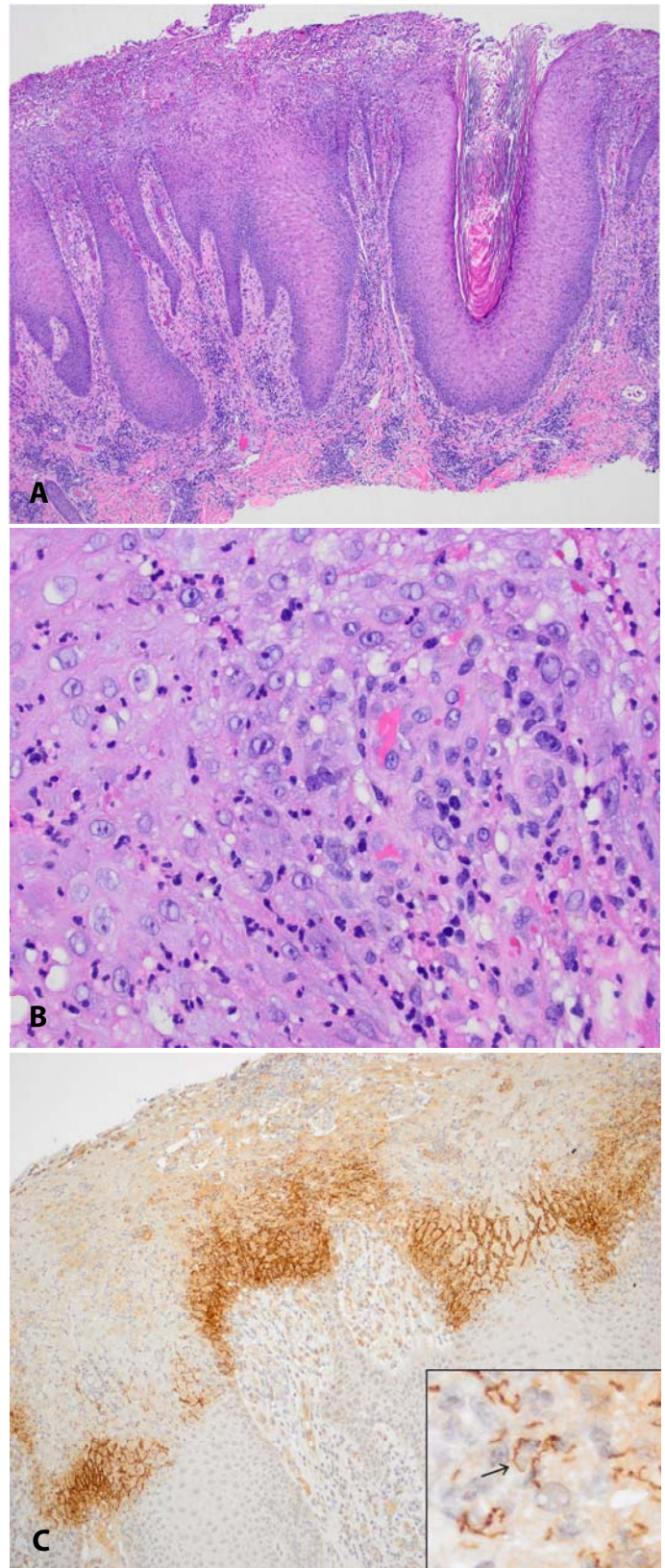


Figure 2. Histopathologic features of condyloma lata. A) Classic features include irregular psoriasiform epidermal hyperplasia (H&E, 40 \times) with B) neutrophilic spongiosis (H&E, 400 \times); C) *Treponema pallidum* staining (100 \times) showing spirochetes in the epidermis (inset, 400 \times).

Table 1. Reported cases of condyloma lata with umbilical involvement.

| Author, Year | Reported Location of Condyloma Lata | Reported Presence of Paupulosquamous Eruption |
|-----------------------------------|--|---|
| Liu TT, 1972 [6] | Anus, face, umbilicus | (-) |
| Kim JS et al., 2009 [2] | Perineum, umbilicus | (-) |
| Pavithran K, 1992 [5] | Umbilicus | (-) |
| Tham SN, Lee CT, 1987 [9] | Umbilicus | (-) |
| Alexanian, C et al., current case | Medial thighs, penis, scrotum, umbilicus | (+) |

findings of a papulosquamous eruption on the soles corroborated the diagnosis. Even in the absence of additional examination findings, clinicians should maintain an index of suspicion for secondary syphilis in appropriate cases of umbilical involvement. Given the recent dramatic rise in the incidence of primary and secondary syphilis [10, 11], we expect that this will be of increasing relevance to clinicians.

Conclusion

Although condyloma lata of the umbilicus are not characteristic of secondary syphilis, we highlight this

atypical presentation to aid in diagnosis. Misdiagnosis or delay in treatment may result in the progression to tertiary syphilis and continued transmission to sexual partners. This clinical variant serves to emphasize the importance of appropriate physical exam, biopsy, and serologic testing to increase the accuracy of diagnosis and prevention of devastating sequelae.

Potential conflicts of interest

The authors declare no conflicts of interest.

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