

SYPHILIS → Treponema pallidum (ORAL LESIONS)

Primary syphilis: Chancre → occurs at site of inoculation (following incubation 3-90 days). Usually large painless ulcer within indurated margin

Oral lesions occur in 4-12% patients → commonly: tongue, gingiva, palate, lips (upper in men, lower in women)

In absence of treatment → chancres heal within 8 weeks without scarring in 30-40% patients



Secondary syphilis: Oral mucosal lesions present in 30% individuals with secondary syphilis & maybe painful

Most common:

- Mucosal patches: highly infectious and present as elevated papules & may coalesce to form snail track ulcers (lips, tongue, buccal and labial mucosa maybe affected)
- Macroglossia
- Painful fissuring
- Papular lesions anterior 2/3 dorsum tongue
- Lesions also resemble: Oral hairy leucoplakia, Erythema multiforme, Oral lichen planus, Pemphigus vulgaris



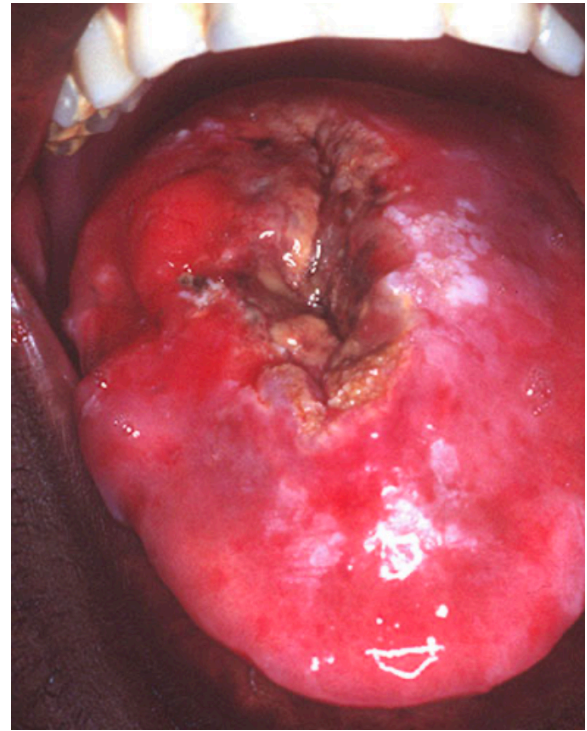
Tertiary Syphilis:

Classic lesions = nodular ulcerative lesion referred to as gumma → can have skin, mucous membranes, CNS, liver, spleen, bones and other organ involvement

Oral cavity = gumma can affect palate, tongue, tonsils or lips

- Bone involve = destruction manifest as palatal perforation, oronasal fistula and osteonecrosis
- Atrophic glossitis
- Syphilitic leucoplakia
- Parotid gland involvement

Link b/w oral SCC and tertiary syphilis as be proposed



Congenital Syphilis

- Hutchinson's incisors
- Defective molars
- Multiple supernumerary cusps (mulberry molars)
- Atrophic glossitis
- Perioral rhuages (skin fissures)

Reference: Farah, CS, Balasubramanian R, McCullough, MJ, Contemporary Oral Medicine, A Comprehensive Approach to Clinical Practice, 2019