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Syphilis

an uncommon sexual abuse diagnosis

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SEXUAL ABUSE



To diagnose sexual abuse is often a difficult task



In many cases no significant findings are present



Sexually transmitted diseases (STD) are important pathognomic findings



They're not frequently observed in sexual abuse situations

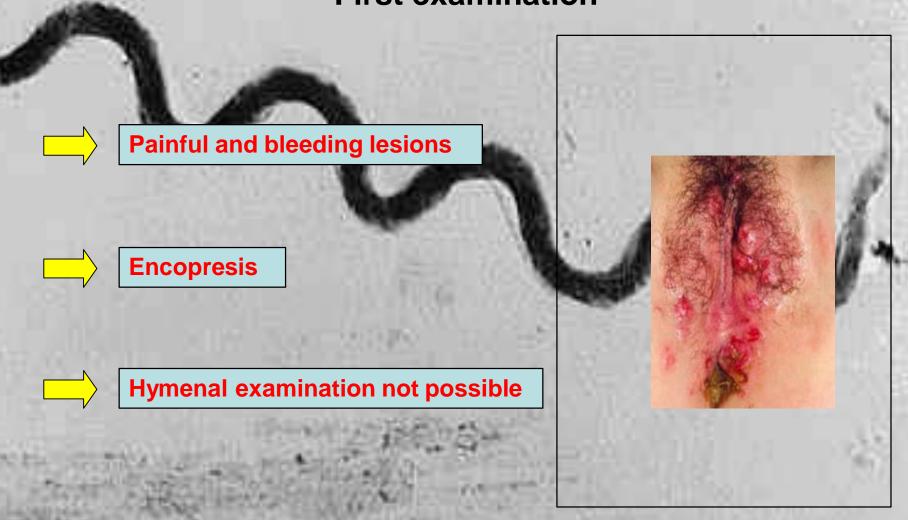
First examination



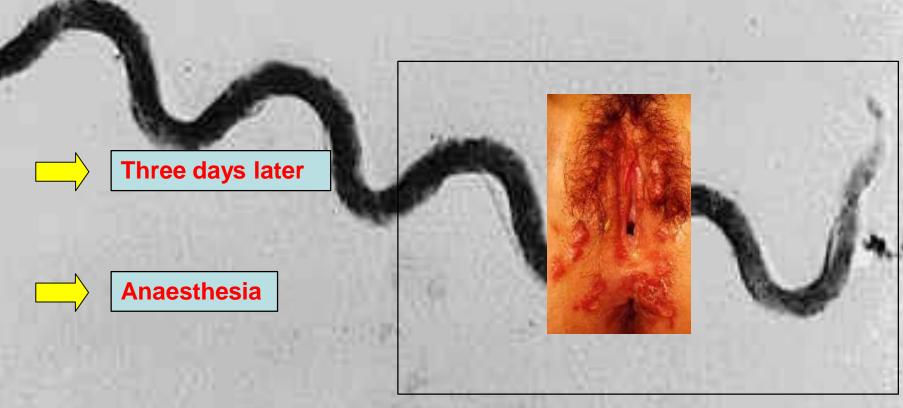


Genital and perineal maculo-papulous lesions

First examination



Second examination





Maculo-papulous lesions, ulcerated, with raised and indurated borders – labia majora, perianal region

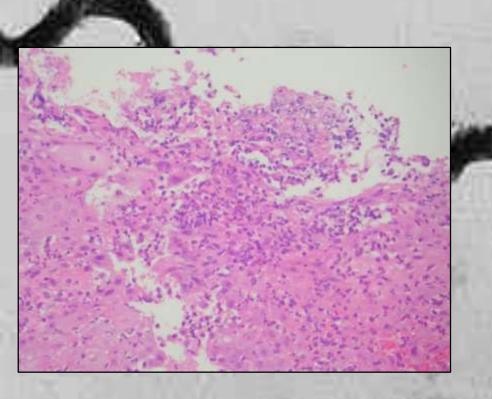
Second examination

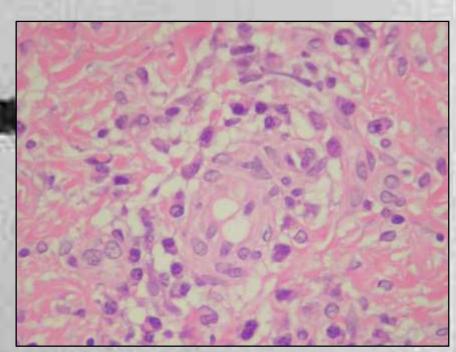
Hymenal examination: annular hymen, with no signs of traumatic lesions

Biopsy – histopathologic exam

Blood samples – serological and microbiological exams

Histopathology

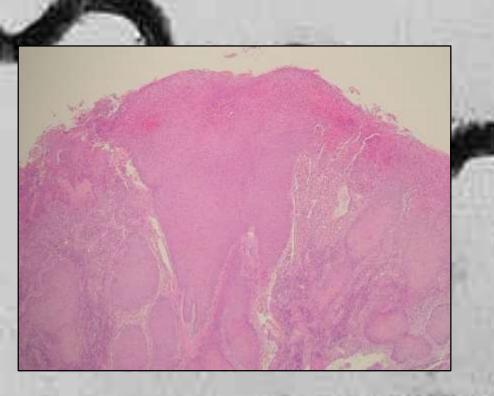


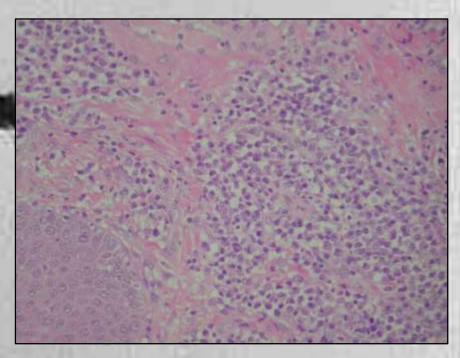




Vulvar mucosa - ulcerated lesions with fibrosis and plasmocitary inflammatory infiltration; vasculitis

Histopathology

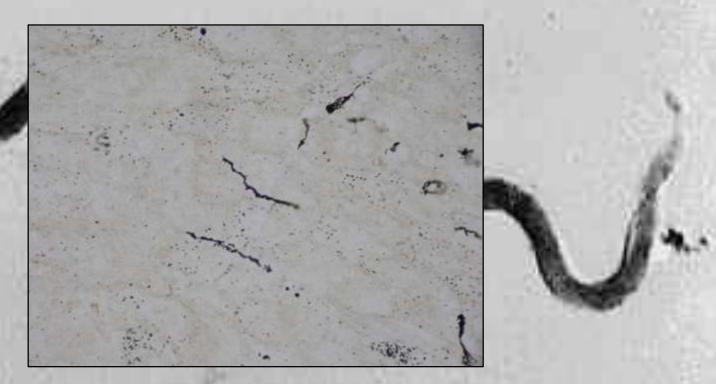






Skin – hyperplasia of the epidermis; hyperkeratosis; fibrosis of the dermis; plasmocitary inflammatory infiltration

Histopathology



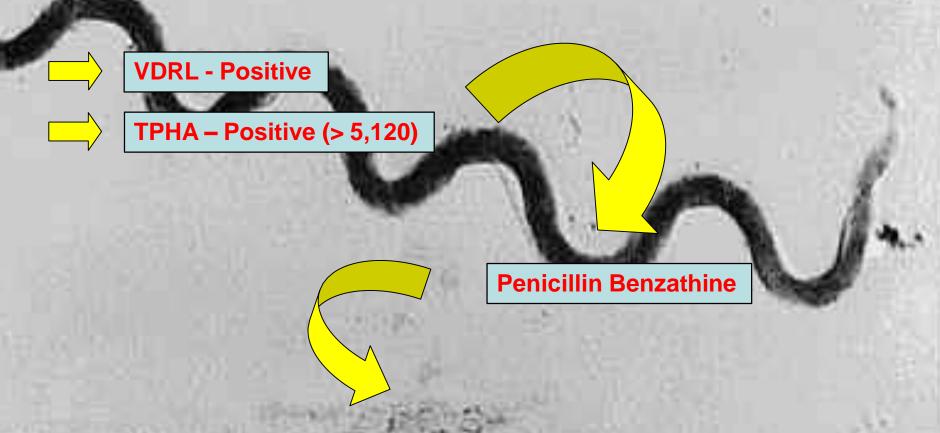


Warthin-Starry staining - negative



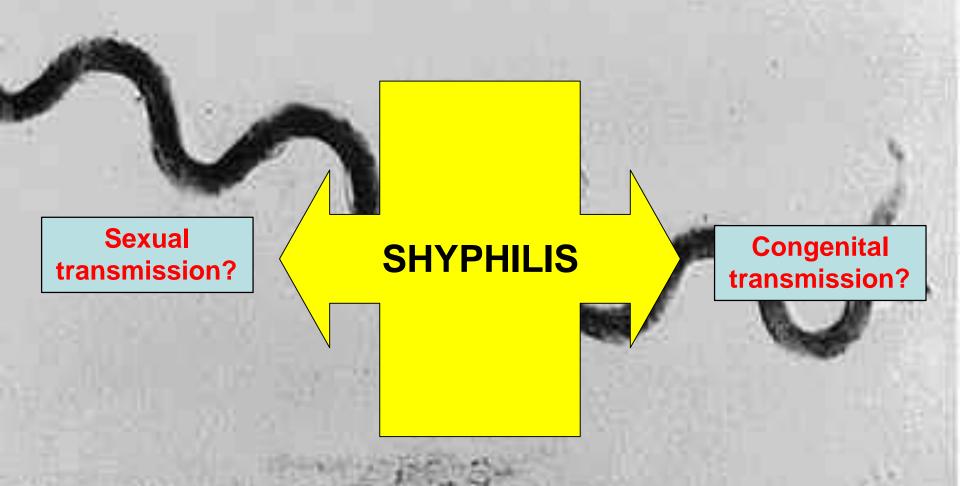
Conclusion: Ulcerated lesions compatible with syphilis





Complete remission of the lesions and VDRL value decreasing after 45 days

DIAGNOSIS



CONGENITAL TRANSMISSION

Transplacentary transmission in the last two trimesters of pregnancy – septicemic stage (primary or secondary)

CONGENITAL TRANSMISSION

Signs and symptoms after 2 years old – Late syphilis or tertiary stage

Patient's signs and symptoms – secondary stage

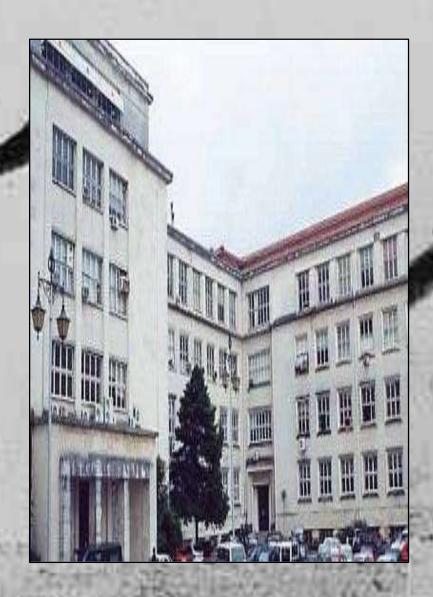


Mother's obstetric files:

No infections during pregnancy

Negative serological exams

CONCLUSION **Syphilitic infection Sexually transmited** Sexual abuse





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