

“Snail-Track Ulcers” And Macroglossia Due to Secondary Syphilis

Alba Navarro-Bielsa¹, Tamara Gracia-Cazaña¹, Yolanda Gilaberte¹

¹ Department of Dermatology, Miguel Servet University Hospital, IIS Aragón, Zaragoza, Spain

Citation: Navarro-Bielsa A, Gracia-Cazaña T, Gilaberte Y. “Snail-Track Ulcers” And Macroglossia Due To Secondary Syphilis. *Dermatol Pract Concept*. 2023;13(4):e2023210. DOI: <https://doi.org/10.5826/dpc.1304a210>

Accepted: March 18, 2023; **Published:** October 2023

Copyright: ©2023 Navarro-Bielsa et al. This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial License (BY-NC-4.0), <https://creativecommons.org/licenses/by-nc/4.0/>, which permits unrestricted noncommercial use, distribution, and reproduction in any medium, provided the original authors and source are credited.

Funding: None.

Competing Interests: None.

Authorship: All authors have contributed significantly to this publication.

Corresponding Author: Alba Navarro-Bielsa, Department of Dermatology, Hospital Miguel Servet, Paseo Isabel la Católica, 1-3, Zaragoza 50009, Spain. Telephone: (+34) 976 76 55 00 E-mail: albanavarrobielsa@hotmail.com

Case Presentation

A 36-year-old woman was referred to the Dermatology department for painful ulcers on the tongue and macroglossia (Figure 1A). Oral findings showed scattered depapillation and moist ulcers, irregular linear erosions termed ‘snail-track’ ulcers on the dorsum of the tongue and the left margin.

A PCR was performed for viruses and bacterias and the diagnosis of secondary syphilis was reached by a positive *Treponema pallidum* PCR on a tongue swab and a positive syphilis serology (RPR and TPPA test). The lesions completely resolve with benzathine penicillin G 2.4 million units treatment in one month (Figure 1B).

Teaching Point

Oral lesions are presented in at least 30% of patients with secondary syphilis, although oral ulceration is rarely presented as the only manifestation of infection [1]. The most common oral features of secondary syphilis are mucous patches and maculopapular lesions [1,2].

The oral features of secondary syphilis can be painless or painful erythematous lesions, grayish-white mucous patches or, less frequently, irregular linear erosions (snail track ulcers) [2]. We describe a case diagnosed of syphilis with significant involvement of the tongue with snail-track ulcers, which are not common but could be a diagnostic clue, which evidence the need for considering syphilis in the differential diagnosis of oral ulcerations.

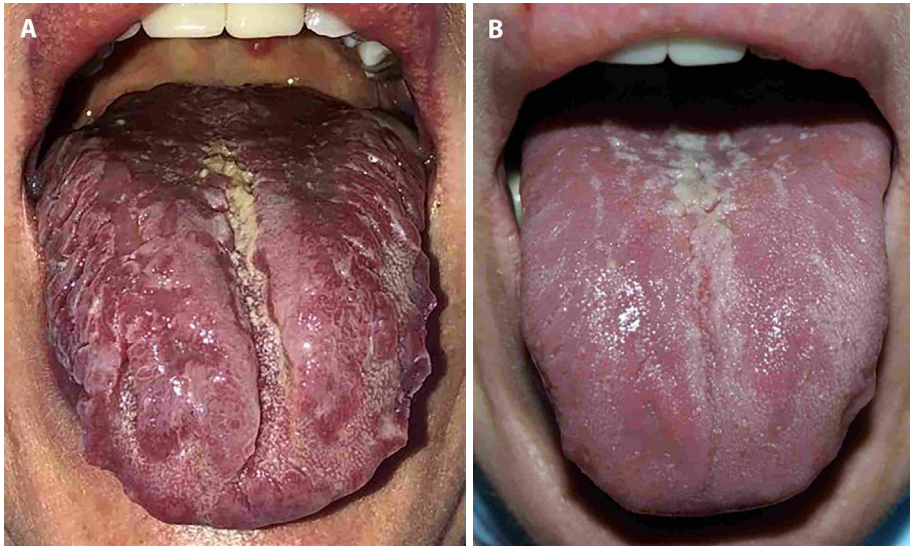


Figure 1. (A) Clinical image of the tongue before the treatment, with “snail-track ulcers”, depapillation and macroglossia. (B) Clinical image of the tongue 1 month after the treatment, with resolution of the lesions.

References

1. de Andrade RS, de Freitas EM, Rocha BA, Gusmão ES, Filho MR, Júnior HM. Oral findings in secondary syphilis. *Med Oral Patol Oral Cir Bucal*. 2018;23(2):e138-e143. DOI: 10.4317/medoral.22196. PMID: 29476680. PMCID: PMC5911365.
2. de Oliveira Alves A, Filho FB. Snail track ulcers of the tongue. *Pan Afr Med J*. 2018;30:23. DOI: 10.11604/pamj.2018.30.23.14118. PMID: 30167051. PMCID: PMC6110555.