

“CONDYLOMATA LATA INVOLVING FACE”

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Condylomata lata are found in moist situations, usually around the genitalia and anus but also sometimes in the groins, axillae, between the toes, nasolabial folds, under pendulous breasts, or at the angle of mouth on one or both sides¹. On search of available literature, we could not find any reference to occurrence of these lesions on face at sites other than mentioned above. In this communication we report a case of secondary syphilis with widespread condylomata lata involving face.

CASE REPORT

History. A., 40 years male, reported with complaints of swellings on face and generalized skin eruption of 2 months' duration. Patient stated that about 3½ months prior he had an extramarital sexual intercourse. Fifteen days later, an ulcer developed on his penis. About 2 months prior patient developed many swellings on the face and a generalized skin eruption. He did not take any treatment for his complaints. Patient continued to have usual marital sexual relations after the extramarital contact. Patient stated that he washed his face very rarely.

Physical Examination. Examination of face showed many dirty, moist, sessile swellings of varying sizes, especially on beard and moustache areas (Fig 1). There was a generalized eruption of indurated papules. There was a healing indurated ulcer on the corona glandis extending from 10 to 12 o'clock position. Scrotum and crural folds did not show any lesions. Anal margin showed two small hypertrophic papular lesions (condylomata lata). Inguinal, posterior cervical, axillary and epitrochlear lymph nodes were enlarged, discrete and nontender on both sides. Mucosa of cheeks and soft palate showed mucous patches. No other signs of secondary syphilis were observed.

Investigations. Serum from one of the swellings on face showed spirochetes showing morphological features of *Treponema pallidum*. Blood V. D. R. L. test was positive 1:256.

Clinical Data of Wife. Wife of the patient gave history of skin rash and joint pains of one month duration. Examination showed generalized papular eruption and lymphadenopathy. There was mucous patch on middle of left cheek. No other signs of secondary syphilis were observed. Blood V. D. R. L. test was positive 1:64. She was treated with 24 lac units of benzathine penicillin.

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Treatment and follow-up. On 22nd May 1969, patient was given 24 lac units of benzathine penicillin deep intramuscularly. Examination on 5th June 1969 showed that all lesions including those on face had disappeared.

DISCUSSION

Our patient presented with dirty moist swellings on the face which posed a diagnostic problem. Taking lead from genital ulcer, skin rash and mucous patches, we did dark field examination with serum from a lesion on the face which showed *Treponema pallidum* in abundance. Blood V. D R. L. test was strongly positive. Wife of the patient showed evidence of secondary syphilis. Treatment with benzathine penicillin made the lesions disappear within 15 days. All this data confirm the diagnosis of condylomata lata.

Condylomata lata flourish in the presence of sweat particularly in those who bathe infrequently.¹ This may explain big size of lesions on face in our patient who stated that he washed his face very rarely.

SUMMARY

Condylomata lata involving face are rarely observed. A case of secondary syphilis with wide spread condylomata involving face is reported.

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REFERENCE

1. WILCOX, R. R.: Text Book of Venereal Diseases and Treponematosi, p. 182, London 1964.
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