# PRIMARY SYPHILIS OF CERVIX

## (A Case Report)

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Syphilis of the female genital tract is a fairly common clinical problem of our country. The primary lesion is usually a chancre which appears on the labia Majora 3-4 weeks after exposure. It may also arise in the labia minora, fourchette, clitoris or near external urinary meatus. Anal chancre may sometimes be seen following anal coitus. Primary Syphilis of cervix is rare and diagnosis may be difficult. One such case is reported here.

### CASE REPORT

Mrs. C.B. aged 23 years, para 1+ 0, last child birth 7 years ago, came to the outpatients department in August 1980 for vaginal bleeding for 7 days and white discharge for 2 years. She also complained of post-coital bleeding

Menstrual history—Menarche at 12 years. Cycle 28 + 2 days, duration 3-4 days, flow average. There was no period of amenorrhoea.

General condition was fair with slight anaemia. There was no lymphadenopathy. Heart and lungs—N.A.D.

Abdominal examination revealed no abnormality.

On speculum examination—cauliflower growth arising from anterior lip of cervix and extending to posterior lip with ulceration was detected. On vaginal examination uterus was found R.V. normal in size, mobile. Cervix had a friable growth that bled on touch. Left parametrium was thickened. A provisional diagnosis of cancer cervix Stage II was made. All investigations were within normal limits.

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**Biopsy** of the cauliflower growth showed ulceration and diffuse granulomatous condition beneath the ulcer with no tubercle formation. Stratified epithelium of the ectocervix was absent probably because of the ulceration. There were plenty of plasma cells in the perivascular areas, a few eosinophils in the granulomatous portion and a few monocytes. No Dorothy—Reed cells were seen. **There was no evidcne of Malignancy.**

Investigation for leutic infection was suggested. Cervical smear examination showed Treponema pallidum on dark ground illumination. Vaginal smear did not reveal any gram negative diplococci, Trichomona or monilia. V.D.R.L. test were negative.

On interrogation husband gave history of recent exposure. On examination of husband a small circular painless ulcer with indurated base was found on the inferior aspect of glans near corona glandis. There was painless enlargement of inguinal lymph nodes which was discrete and rubbery in consistency. There was no urethral discharge. Serum expressed from the chancre was subjected to dark ground illumination—Treponema pallidum was detected. V.D.R.L. test was negative.

**Treatment**—Inj. Benzathene penicillin 12 lacs was given deep intramuscularly twice weekly, 5 such for both patient and her husband. The cauliflower growth rapidly regressed and the ulceration disappeared within a month of completion of treatment. All the symptoms completely disappeared.

### *Discussion*

The unusual features of the case are (i) Its method of presentation with symptom of post-coital bleeding, (ii) cauli-

flower growth, (iii) friable growth, (iv) parametrial thickening. All these features point towards a diagnosis of carcinoma cervix. In fact it was only on biopsy that malignancy could be excluded. In the typical form primary syphilis of cervix presents with superficial ulceration, sometimes in more than one area and is often indistinguishable from erosion cervix. When the superficial discharge is removed from the ulcer crater the base has a characteristic yellow colour said to be pathognomonic (Parsons and Sheldon, 1978). Vulval syphilitic lesion presents with painless ulcer with indurated base accompanied by painless enlargement of lymph nodes. Primary syphilis was diagnosed by presence of Treponema pallidum on dark ground illumination. The response to antisyphilitic treatment was quick and remarkable. The value of biopsy on any cervical pathology cannot be overstressed and no radical surgery or radiotherapy should be performed without biopsy confirmation, however apparent the diagnosis may seem. V.D.R.L. test is usually Negative with primary Syphilis.

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*Reference*

1. Parsons, L. and Sheldon, C.: "Gynaecology". 2nd Edition, 1978, Pub. W.B. Saunders Company (Page 865).

*See Fig. on Art Paper IV*