A case of primary oropharyngeal and gastric syphilis mimicking oropharyngeal cancer

Endoscopy was performed for the purpose of screening for synchronous upper gastrointestinal cancer. This showed multiple small round erosions with brownish halos, ranging from 5 to 10 mm, over the entire cardia and body (Fig. 2a, b).

The endoscopic appearance was suspected to be due to gastric syphilis, and biopsy specimens from the oropharynx and the stomach proved the presence of spirochetes of *Treponema pallidum* using Warthin-Starry silver staining and immunohistochemical technique (Fig. 2c).

On the specific serological tests for *Treponema pallidum*, a rapid plasma regain (RPR) test was positive for a titer of 1:64 and *Treponema pallidum* hemagglutination (TPHA) revealed a titer of 1:5120. The patient was subsequently tested for the human immunodeficiency virus (HIV), with negative result.

The patient was diagnosed with oropharyngeal and gastric syphilis and treated with penicillin for a month.

Careful endoscopic examination could allow the correct diagnosis of oropharyngeal syphilis to be made despite the false-positive FDG-PET result.

**References**


**Fig. 1** Endoscopic nasopharyngeal findings (a) and FDG-PET image (b). A round elevated tumor was found in the anterior wall of the oropharynx (a). Increased FDG accumulation in the oropharyngeal tumor and lymph nodes of the cervical regions on both sides (b).

**Fig. 2** Endoscopic findings in the upper body of the stomach (a, b) and histopathological finding (c). Multiple small round erosions with brownish halos, ranging from 5 to 10 mm, were observed over the entire cardia and body, although there were no lesions in the antral and pyloric regions (b: indigo carmine staining). Histopathological analysis using immunohistochemical technique (anti-*Treponema pallidum* polyclonal antibody, 1:500; AbD Serotec, Oxford, UK) revealed numerous spirochetes of *Treponema pallidum* in specimens from both the oropharynx and the stomach (c).


Bibliography

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