Dear Editor:

Syphilis remains a public health concern globally, and in Brazil, the disease has been presenting a significant increase in incidence since 2010. This infection affects more than 10 million people worldwide per year\(^1\), with 60% or more of incident cases occurring in men who have sex with men (MSM), mostly associated with human immunodeficiency virus (HIV) co-infection and high-risk sexual behavior\(^2\).

The disease presents in four distinct stages that are characterized by particular symptoms, clinical manifestations, and levels of infectivity: primary, secondary, tertiary, and latent syphilis\(^3\). The clinical differentiation between the oral lesions in primary and secondary syphilis is based on the presence of painful symptoms and the number of lesions\(^4\).

Oral chancres in primary syphilis are characterized as painless ulcers, measuring 1 to 2 centimeters, with a firm and rolled border\(^5\). They manifest as a single ulcer, usually on the lip or more rarely on the tongue\(^3\). Oral chancres are observed in approximately 4% to 12% of patients with primary syphilis, located where the bacteria penetrate the mucosa\(^6\).

Secondary syphilis presents multiple and generally symptomatic ulcerations\(^4\). Oral ulcers are observed in 30% of cases of secondary syphilis, usually associated with other clinical manifestations. In these cases, the lesions are maculopapular, affecting the hard palate and, sometimes, the soft palate\(^3\).

Gumma-associated bony destruction and a possible predisposition to oral squamous cell carcinoma are associated with tertiary syphilis. A gumma manifests initially as one or more painless swellings, especially on the hard palate\(^7\).

Previous studies demonstrated that patients with syphilis present a higher risk of being infected by other sexually transmitted diseases (STDs), especially HIV, since syphilitic lesions are vulnerable sites for virus penetration\(^8\).

The clinical diagnosis of syphilis is challenging for the dentist due to the variety of clinical characteristics of oral lesions, which may be similar to other ulcerative injuries\(^6\). The differential diagnosis of oral lesions of secondary syphilis includes erythematous lupus, multiform erythema, stomatitis, pemphigus, idiopathic leukoplakia, lichen planus, and candidiasis, among others\(^9\).

Laboratory diagnosis confirmation of syphilis is performed using serological tests. Nevertheless, the diagnosis also needs a high index of clinical suspicion during anamnesis\(^4\), since clinical and histological findings may be subtle and imprecise, especially considering other more common diagnoses\(^10\). Therefore, dentists should include questions on a patient’s recent sexual history in the anamnesis and be prepared to recognize and diagnose oral and systemic manifestations of STDs, especially syphilis\(^3\).

Dentists undergo academic training that makes their participation in multi-professional teams important for diagnosis and treatment of STDs\(^11\). Dental staff play a fundamental role in public health systems by guiding patients, performing accurate and early diagnosis, and referring patients to adequate treatment\(^1\)\(^2\). Since oral lesions are highly contagious, the reliability of correct diagnosis aids adequate management, reduces the infection chain, and reduces the risk of transmission to health professionals.

Conflict of Interest: The authors declare that there is no conflict of interest.

REFERENCES


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