

Clinical and laboratory aspects of condylomata lata lesions of syphilis

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Background:

Condylomata lata are a less common but distinctive syphilitic lesion. Variable theories as to their nature and origin exist. The aim of this study was to determine the clinical and laboratory characteristics of condylomata lata by determining: (1) the most closely aligned stage of syphilis, based on the rapid plasma reagin (RPR) titre; (2) symptom duration; and (3) *Treponema pallidum* polymerase chain reaction (PCR) cycle threshold (C_T) values, as an indicator of organism load.

Methods:

This was a retrospective study of patients with *T. pallidum* PCR-positive condylomata lata lesions, attending a clinic in Melbourne, Australia, between 2011 and 2021. Syphilis serology was undertaken and RPR titres compared between condylomata lata, primary and secondary syphilis cases.

Results:

51 cases with *T. pallidum* PCR-positive condylomata lata were included. 41 cases were in men, 40 of whom were men who have sex with men (MSM), and 10 in women. Twelve/51 (24%) cases were in HIV-positive MSM. Thirty-three/51 (65%) had other mucocutaneous signs of secondary syphilis; 18 (35%) had no other signs of secondary syphilis.

The median RPR titre among the 51 condylomata lata cases was 1:128, compared to the median RPR titre of primary syphilis (1:4), and of secondary syphilis (1:128). The median duration of lesions was 24 (interquartile range (IQR) 10 to 60) days, with no significant difference between those with and without other signs of secondary syphilis ($p = 0.75$). Median C_T values for condylomata lata (C_T = 31) and primary syphilis (C_T = 31) were significantly lower than for other secondary syphilis lesion types (C_T = 33), indicating higher *T. pallidum* loads for condylomata lata and primary lesions compared to other secondary syphilis lesion types.

Conclusion:

These findings support condylomata lata as lesions occurring during the secondary syphilis stage, which are likely to be highly infectious.

Disclosure of Interest Statement:

None