A 48-years-old healthy male was referred to our tertiary care center from an otorhinolaryngologist. The patient complained of odynophagia for the last 4 months, without any history of smoking nor chronic alcohol intake. A biopsy was performed and diagnosed chronic inflammation with fungal mycelia. Oral fluconazole did not bring any improvement.

Upon arrival, the examination shows some granular and erythematous pharyngeal lesions (Figure A). A diagnostic work-up with local biopsies and serologies was done.

The PCR came back positive for Treponema pallidum (negative for herpes virus, chlamydia, and gonorrhea). Syphilis serologies were also positives (VDRL titer, 1:8; TPHA titer 20'480). The patient received one intra-muscular benzathine benzylpenicillin injection (2.4 million I.U.). The odynophagia and the lesions disappeared within 48 hours (Figure B), without relapse for over two years.

Syphilis should be considered in every acute and chronic pharyngeal lesion, as oral sex may not be disclosed upon first medical consultation.

Figure 1: Before treatment
We declare no conflict of interest nor funding source. We obtained the patient’s written consent for the publication of this case report.