

## Acquired Primary Syphilis on a Child's Lip

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*Sir,*

Acquired primary syphilis is a very rare condition in a child and may be due to accidental contact or sexual abuse (1–2).

A 2-year-old girl was referred to our Dermatological department, for the appearance 20 days previously of a non-tender nodule, 1 cm in diameter, with an eroded surface, on the lower lip (Fig. 1). There was a submandibular non-painful lymph node. Laboratory tests were normal except for rapid plasma reagin (PRP), which was positive. A subsequent micro-haemagglutination test (MHA-TP) was reactive and confirmed the diagnosis of syphilis. Anamnestic data revealed no sexually transmitted diseases among the relatives. Nevertheless, the mother reported a "herpetic" lesion of the upper lip, which had appeared 2 months before the girl's nodule and healed after 4 weeks, without therapy. A serological test for syphilis was also positive in the mother. The girl was given intramuscular benzathine-penicillin G,



*Fig. 1.* Eroded nodule on the lower lip on the 2-year-old girl.

50,000 U/kg, with prompt resolution of the nodule. Contact between the girl with her infected mother has been hypothesized as the mode of infection.

Handling, kissing, and breast-feeding represent non-sexual modalities of infection (3–6), but in children with acquired syphilis it is mandatory to exclude sexual abuse if another manner of transmission is not demonstrated (7–8). Clinical findings of primary acquired syphilis in children are similar to those in adults. Extragenital lesions are localized in particular on the face, neck and anus. Primary syphilis on a lip is difficult to differentiate clinically from primary tuberculous or non-tuberculous mycobacterial infection from an exogenous source, cutaneous leishmaniasis, cat scratch disease, or carcinoma.

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