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, 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. Extragential lesions are localized in particular on the face, neck and anus. Primary syphilis on a lip is difficult to differentiate clinically from primary tuberculoc or non-tuberculoc mycobacterial infection from an exogenous source, cutaneous leishmaniasis, cat scratch disease, or carcinoma.

REFERENCES