Condylomata lata of the eyelids

V K SHARMA,* RAM CHANDER,* BHUSHAN KUMAR,* B D RADOTRA†

*From the Departments of *Dermatology and †Pathology, Postgraduate Institute of Medical Education and Research, Chandigarh, India*

SUMMARY A patient with secondary syphilis and extensive condylomata lata on the face, neck, axillae, groins, and genitalia is described. His facial condylomata lata affected the eyelids, medial canthus, nasolabial folds, angles of the mouth, and chin. Condylomata lata of the eyelids has not been described previously.

Case report

A 30 year old male farmer presented with a non-pruritic rash all over the body that had been noted for three and a half months; oozing lesions on the face and neck had been present for one month. The rash started as erythematous maculopapular lesions on the genitalia and later became generalised. The lesions soon turned brown, but new macules continued to appear, and a few in the groins, axillae, neck, and upper eyelids increased in size and became moist and eroded. There

Fig 1 *Condylomata lata affecting eyelids and medial canthus of right eye.*

Address for reprints: Dr V K Sharma, Department of Dermatology, Postgraduate Institute of Medical Education and Research, Chandigarh 160012, India

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Fig 2 *Condylomata lata affecting sides of neck and chin.*

were no constitutional symptoms. The patient had experienced extramarital heterosexual, genitogenital exposure one month before the onset of the rash, but had no subsequent history of genital sores. He had received prednisolone 30 mg a day for two weeks before presentation.

Cutaneous examination showed a bilateral symmetrical hyperpigmented brown macular and papulosquamous rash all over the body. In addition there were erythematous moist papules on the face (fig 1), sides of the neck (fig 2), axillae, groins, and sides of the scrotum. The face was affected on the upper eyelids, medial canthus of the right eye, nasolabial fold, angle of the mouth, and the chin. The upper eyelids showed erythematous linear plaques two to three cm long with eroded centres. Mucous patches

Fig 3 Photomicrograph showing confluent epithelioid cell granulomata and dense upper dermal infiltration by plasma cells and lymphocytes (haematoxylin and eosin).

were present on the soft palate and tongue. The palms, and soles, and perianal area were free of lesions. Ophthalmoscopy showed no abnormality.

Physical examination showed cervical, submandibular, axillary, epitrochlear, and inguinal lymphadenopathy. Findings on systemic examination were essentially normal, except for soft, 1.5 cm hepatic enlargement.

Dark ground microscopy gave positive results for *Treponema pallidum* from groin, neck, and eyelid lesions. The Venereal Disease Laboratory (VDRL) test was reactive at a dilution of 1:32. Routine

haematology showed no abnormality except for an erythrocyte sedimentation rate of 65 mm in the first hour. Urine analysis, hepatic and renal function test results, and serum biochemistry were normal. Skin biopsy of a moist papule from the neck showed focal acanthosis, confluent epithelioid cell granulomas, and dense upper dermal infiltration by plasma cells and lymphocytes (fig 3). The lesions healed completely in two weeks after benzathine penicillin 2.4 MIU had been given intramuscularly. Dark ground microscopy gave negative results on day 3 after treatment.

Discussion

Condylomata lata are usually seen in moist and warm areas of the body such as the anogenital region, but sometimes the groin, axilla, toe web, area under pendulous breasts, and the umbilicus can be affected.¹⁻³ The face is rarely affected, but condylomata lata of the angles of the mouth, nasolabial folds, and undersurface of the chin have been described.^{4,5} Condylomata lata on the eyelids, however, have not been described before.⁴ Sweat has been implicated in the occurrence of condylomata lata in the flexures.⁶ Previous administration of systemic corticosteroids may have contributed to the development of exuberant condylomata lata in the existing lesions of this patient.

References

- 1 Ormsley OS, Montgomery H. *Diseases of the skin*. 8th ed. Philadelphia: Lea and Febiger, 1954:1033.
- 2 Minkin W, Landy SE, Cohen HJ. An unusual solitary lesion of secondary syphilis. *Arch Dermatol* 1967;**95**:217.
- 3 Tham SN, Lee CT. Condyloma latum mimicking keratoacanthoma in patient with secondary syphilis. *Genitourin Med* 1987;**63**:339-40.
- 4 Shrivastava SN, Singh G. Extensive condylomata lata. *British Journal of Venereal Diseases* 1977;**53**:23-5.
- 5 Sehgal VN, Rege VL, Vedaraj SN. Condylomata lata of face. *British Journal of Venereal Diseases* 1971;**47**:204-5.
- 6 Willcox RR. *Textbook of venereal diseases and treponematoses*. London: Heinemann Medical, 1964:182.