

# Two Cases of Pharyngeal Syphilis with Characteristic Findings:

## An Important Differential Diagnosis for Refractory Pharyngitis

### CAS-048

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### BACKGROUND

Syphilis is an infectious disease with diverse mucocutaneous manifestations and is known as the "great mimicker." In its early stages, it is not easy to diagnose, which may lead to misdiagnosis. In secondary syphilis, mucosal lesions such as erosions and leukoplakia may occur in the oral cavity and pharynx. In particular, whitish mucosal patches observed around both palatine tonsils and the uvula, known as "butterfly appearance," are considered characteristic findings of pharyngeal syphilis.

### CASE PRESENTATION



A 56-year-old man presented with several months of persistent sore throat. He had a history of hepatitis B. He had a tonsillar mass and cervical lymphadenopathy. Biopsy excluded a malignant tumor. Pharyngeal inspection demonstrated the characteristic "**butterfly appearance**" and serology was positive for TP and RPR, diagnosing pharyngeal syphilis. Further, it revealed he was not a homosexual but a report of intercourse with a commercial sex worker approximately six months earlier, using a condom. He had no genital rash or other symptoms thereafter. Secondary syphilis was suspected. Treatment with intramuscular benzathine benzylpenicillin led to rapid symptom improvement.

### CASE PRESENTATION



A 37-year-old man presented to an otolaryngologist with a persistent sore throat that had lasted for approximately six months following COVID-19. Examination revealed the "**butterfly appearance**" on the soft palate along with bilateral cervical lymphadenopathy. A lymph node biopsy ruled out malignant lymphoma. He had a history of an unspecified sexually transmitted infection. Serologic testing showed TP and RPR positivity, confirming the diagnosis of pharyngeal syphilis. Further history revealed sexual contact with a commercial sex worker about six months ago (uncertain whether oral or vaginal sex), along with the presence of genital rash at that time. He was treated with intramuscular benzathine benzylpenicillin and his pharyngeal findings rapidly improved.

### DISCUSSION

Pharyngeal syphilis is rare but should be considered in the differential diagnosis of refractory pharyngitis. The characteristic "butterfly appearance," with whitish mucosal patches on the soft palate and uvula, provides a strong diagnostic clue. Confirmation relies on serologic testing for *Treponema pallidum* (TP) and rapid plasma reagin (RPR), supported by detailed sexual history taking to avoid missed risk factors. It is essential to recognize the disease, since patients may present with pharyngeal lesions in the absence of genital or cutaneous findings, leading to misdiagnosis and delayed treatment. These cases emphasize the need for clinicians to remain vigilant and informed, particularly in the context of the recent global resurgence of syphilis.

### CONCLUSION

- The "butterfly appearance" is a characteristic finding of pharyngeal syphilis.
- Diagnosis requires serologic testing and a detailed sexual history.
- Syphilis should be considered in the differential diagnosis of a persistent sore throat.

### REFERENCE

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