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SCLEROSIS SYPHILITICA LABII INFERIORIS



## SYPHILIS PRIMARIA

### Sclerosis syphilitica labii inferioris.

The great majority of all chancres are located on the genitals, but they may occur upon any part of the body. Extra-genital chancres are found most often on the lips or in the mouth, about the nipples in women, on the face, fingers, or at the anus. The extra-genital chancre is usually single. It may have all the characteristics of the typical genital lesion, and appear as a finger nail sized round or oval polished erosion partially covered by a thin crust or a gray fibrinous membrane and excreting a little blood stained serum, surrounded by a dusky red areola, and situated upon a base of gristly induration. Often however extra-genital chancres have very little in their appearance to distinguish them from non-specific sores. They may attain much larger size than the ordinary genital lesion and the induration which is so constant a feature on the penis is apt to be less marked and may be not much greater than the inflammatory infiltration which could attend a non-specific lesion of the same size. Secondary pyogenic infections not infrequently complicate an extra-genital chancre, and the signs of inflammation may effectually mask the specific induration and other characteristic features of the sore. On the lip a chancre may start as a fissure, or like an aphthous lesion or a herpetic ulceration and in the early stages exhibit nothing characteristic. But in a few days the failure to respond favorably

to simple treatment, the painless extension of the erosion and the development of circumscribed elastic induration, usually call attention to the nature of the affection. A little later suspicions are further confirmed by the hard, insensitive enlargement of the submental and submaxillary glands. If secondary infection occurs the lip may become considerably congested and ulcerated. It is remarkable that even when the ulceration is extensive almost no ultimate deformity results. **DIAGNOSIS:** The very important point to bear in mind is that the chancre is not always a venereal and genital lesion. Any painless papule, chronically inflamed area, erosion, fissure or ulcer that has persisted for several weeks, indolent in its course and obstinate to simple treatment, especially if it is seated upon an elastic sharply infiltrated base and has caused discrete enlargement of the related lymph glands, is to be regarded with grave suspicion and examined for the presence of spirochetes. **TREATMENT:** Specific constitutional treatment should not be started until the diagnosis has been confirmed by the finding of *Spirochaeta pallida* or by the appearance of secondary lesions. The chancre heals promptly under the administration of mercury; local treatment is necessary only when secondary infection threatens or has occurred. The lesion should then be kept clean with a mild antiseptic lotion and dusted with calomel or thymoliodid.