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SCLEROSIS LABII MAJORIS. CONDYLOMATA LATA

SYPHILIS SECUNDARIA

Sclerosis syphilitica labii majoris et condylomata lata.

It is comparatively uncommon to see a genital chancre in women unless it is still present and sought for after the onset of secondary symptoms. This is probably because the primary lesion is painless and is often located upon the cervix uteri where, being inaccessible to view, it is not observed, and also because when the chancre is situated on the vulva it may be very small and of short duration. But on the labium majus, the favorite site of the genital chancre, the initial lesion is usually characteristic. It then appears as a round or oval, finger nail sized, dusky red erosion whose surface is moist and polished or partly covered by a gray film of fibrinous false membrane. Occasionally there may be superficial or deep ulceration. The underlying plaque of dense infiltration is usually present, although very often in this location and in the majority of chancres situated upon the fourchette, nymphae or clitoris the induration is less pronounced and much more diffuse than in the typical penile chancre, and this modification of the most distinctive feature of the primary lesion often makes its clinical recognition exceedingly difficult. It is especially in the latter regions that the primary sore may be small and of only a few days' duration. Most chancres however persist for four to six weeks and

when the induration is well marked the chancre may be still present long after the eruption of secondary lesions, even for many months when no mercurial treatment has been given. In the case illustrated the primary sore on the left labium persisted until the appearance of that most typical syphilitic manifestation, the condyloma latum. Condylomata, there are usually several, are syphilitic papules which owing to their location in a warm, moist region and between opposing surfaces where they are subjected to friction, become broad, flat, soft and abraded. Their surfaces are often partially covered by gray films of fibrin and macerated epithelium and usually excrete a serous fluid which is rich in spirochetes and is the chief source of venereal infection with syphilis. **DIAGNOSIS:** The diagnosis of chancre is positive only when *Spirochaeta pallida* has been identified in the transudate expressed from the lesion, or when secondary syphilitic manifestations are present to confirm the diagnosis. Condylomata lata are one of the most common of these manifestations and moreover they are absolutely pathognomonic of syphilis, being simulated by no other eruption. **TREATMENT:** In addition to the general mercurial treatment the proper local procedure is to keep the parts scrupulously clean, the labia separated by aseptic lint and the lesions dry and well dusted with calomel.