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SYPHILIS PAPULOSA MUCOSAE ORIS



## SYPHILIS SECUNDARIA.

**Syphilis papulosa mucosae oris.** **Synonyms:** Mucous patch; Plaques opalines.

Mucous patches are the most constant lesion of secondary syphilis. They occur on the mucous surfaces especially of the mouth, as superficial ulcerated infiltrations covered with a grayish necrotic membrane, and are to be regarded as flattened abraded papules. They may be found upon any part of the oral mucous membrane sometimes in large numbers, though generally there are only two or three. They are usually very slightly elevated, sharply bordered, of various sizes, discrete or confluent, and more or less irregular in outline, with an appearance like that produced by penciling the mucous membrane with silver nitrate. The patches often have a pinkish red border. When they occur at the angles of the mouth they are liable to be fissured. As the result of treatment, or sometimes spontaneously, the grayish membrane may become loose and easily detached, leaving an abraded and raw looking surface. Mucous patches occur with the earliest skin rashes and persist unless treated, and although they yield

readily to constitutional remedies they are very prone to recur, especially in hard drinkers and inveterate smokers, even in the tertiary period. They probably constitute the first stage in the development of some cases of leucoplakia. The lesions are slightly painful when brought in contact with solid food or with hot and irritating beverages. **DIAGNOSIS:** *Spirochaeta pallida* abounds in the membrane and excretions of the mucous patch. As the latter is commonly only one of a group of syphilitic symptoms the diagnosis is rarely difficult. The aphthous sores frequently seen in the mouth, associated with digestive disturbances, may be distinguished by their segregation, small size, acute sensitiveness, and evanescent character. **TREATMENT:** The mouth is to be kept clean. Smoking should be prohibited. In addition to the general mercurial treatment it is well to cauterize the patches occasionally with silver nitrate or to recommend painting them two or three times daily with a ten per cent. solution. A mild antiseptic and astringent mouth wash may be prescribed.