

CONDYLOMATA LATA OF THE UMBILICUS

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SYNOPSIS

A patient with secondary syphilis and condylomata lata arising in the umbilicus, an unusual site, is reported.

INTRODUCTION

Condylomata lata occurs in moist intertriginous areas where sweat predisposes to their formation (Willcox 1964). This explains their usual occurrence in the anogenital region, axillae, groins, under pendulous breasts, and between the toes.

The umbilicus can be regarded as a moist intertriginous area and it is interesting to note that condylomata lata in this site have rarely been recorded before and are not mentioned in present day text books. We report here a case of secondary syphilis with condylomata lata arising in the umbilicus.

CASE REPORT

A 23 year old Chinese male was seen with a history of lumps on his anus, face and umbilicus of two weeks duration. He admitted to venereal exposure three months prior but had not developed any penile sore or discharge after exposure.

ON EXAMINATION

4 papules with necrotic surfaces were present on his forehead and 2 pedunculated pink warty nodules with necrotic surfaces were seen arising from his dirty umbilicus (Fig. 1). There were 2 ulcers on the coronal sulcus of his penis and numerous pink warty nodules around the anus (Fig. 2). The umbilical lesions resembled the perianal lesions closely. He had 2 scars over his abdomen (after surgery for tuberculosis of his right hip at the age of four). No other abnormalities in the other systems were noted.

INVESTIGATION

Darkfield microscopy of the lesions of the forehead, anus and umbilicus showed *Treponema*



Fig. 1.



Fig. 2.

pallidum. No spirochaetes were found in the penile ulcers. Blood VDRL was positive at a titre of 1 in 32. The FTA/ABS test was positive. One of the umbilical growths was excised for histology. Free bleeding was noted during the excision.

HISTOLOGY

Section showed an acanthotic epidermis with elongation of the rete ridges. There were collections of plasma cells and lymphocytes around dilated vessels. Some of the smaller vessels had thickened endothelial walls with narrowed lumen. An exudate of polymorphs was also seen.

TREATMENT

Two doses of benzathine penicillin 2.4 mega units were given intramuscularly at an interval of one week.

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PROGRESS

Two weeks after treatment the forehead and umbilical lesions had resolved while the anal condylomata lata were less exuberant. By four weeks all lesions had cleared.

DISCUSSION

The history, clinical picture of papular syphilides and condylomata lata, the positive serology, positive darkfield examination and the response to penicillin establish beyond doubt the diagnosis of secondary syphilis in this patient.

The umbilical lesions were remarkably similar in appearance to the anal lesions and fit the classical description of condylomata lata (King and Nicol 1964).

A contributory factor in the development of condylomata lata in this site was the poor hygiene of this area in this patient. Lack of hygiene has been mentioned as a potent factor in the appearance

of condylomata lata in sites other than the genitals (Marshall 1960). It is a common belief of the local Chinese that the umbilicus should not be cleaned for fear of "wind" entering the abdomen and producing colic. Had the umbilical nodules been the sole lesion in this man, differentiation from pyogenic granuloma or umbilical enteroteratoma would have been difficult.

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