A Persistent Lip Ulcer
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A 57-year-old man presented with an ulcer on his upper lip that had been present for approximately two weeks. It was mildly painful and initially oozed honey-colored fluid. He did not recall any blisters or vesicles, and there was no trauma to the area. His history was significant for chlamydia, genital herpes, and well-controlled human immunodeficiency virus (HIV) infection, with a recent CD4 cell count of 426 mm$^3$ (0.43 × 10$^9$ per L) and an HIV-RNA level of less than 20 copies per mL. Five years earlier, he was treated with three weekly injections of intramuscular penicillin G benzathine for late latent syphilis. He reported having one regular male sex partner.

He had no recent fevers, oral pain, rhinorrhea, rashes, genital sores, or swollen glands. Physical examination revealed a crusted ulcer (Figure 1) without surrounding induration or tenderness on palpation. He was afebrile and well appearing. He did not have intraoral ulcers or cervical lymphadenopathy.

Question

Based on the patient’s history and physical examination findings, which one of the following is the most likely diagnosis?

☐ A. Aphthous ulcer.
☐ B. Chancroid.
☐ C. Herpes labialis.
☐ D. Pemphigus vulgaris.
☐ E. Primary syphilis.

See the following page for discussion.
Discussion
The answer is E: primary syphilis.

Painful necrotizing genital ulcer

Chancroid

Primary syphilis

SUMMARY TABLE

<table>
<thead>
<tr>
<th>Condition</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Aphthous ulcer</td>
<td>Discrete, painful, shallow, circular ulcers with an erythematous edge located on the oral mucosa</td>
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<tr>
<td>Chancroid</td>
<td>Painful necrotizing genital ulcer with an erythematous base and ragged edges; associated painful lymphadenopathy progressing to abscesses</td>
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<tr>
<td>Herpes labialis</td>
<td>Painful vesicular lesions at the vermilion border</td>
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<td>Pemphigus vulgaris</td>
<td>Multiple irregularly shaped, painful ulcers on the oral mucosa that rapidly progress to ulceration</td>
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<tr>
<td>Primary syphilis</td>
<td>Firm ulcer with raised border and mild to no pain, sometimes with regional painless lymphadenopathy</td>
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References