

A 36years white British MSM attended in sexual health clinic in United kingdom January 2025 with a history of hoarseness of voice ,tongue ulcers ,alopecia and rash on the penis for two weeks duration . His all three sites CT/NG were negative and STS reactive in home test . He has no vision problems , joint problems or ear problems .He did not have genital ulcers , dysphagia , SOB ,stridor or cough. He has been on Biktarvy since 2019 and VL is undetectable. He smokes cigarette no drug or alcohol. His last sexual encounter was with a casual male unprotected oral sex three weeks ago .

On examination there were patchy alopecia on scalp .Oral cavity revealed small snail tract ulcers and mucosal patches on buccal mucosa .No palpable lymph nodes were detected . There were macular scaly rash on shaft of the penis . No condyloma Lata or no palmar plantar rash . Rest of examination was unremarkable

Based on the clinical symptoms , signs and home test probable diagnosis was made as secondary syphilis involving larynx.

Patient was treated with Benzathine penicillin 2.4 MG IM stat dose . After one week followed up he has no mouth ulcers ,genital rash resolved completely .Hair is growing slowly .Most strikingly feature was voice back to normal.

His RPR 64 ,Liaison STS and Syphilis antibody tests were positive, Treponema palladium PCR positive from scaly lesions on penis

Discussion: syphilitic laryngitis is a rare presentation .The larynx may be involved at any stage of syphilis.

Can occur during the secondary and tertiary stages of the disease of oral mucous patches. Can present as ulcers of larynges ,epiglottitis, hoarseness of voice

Every patient with secondary syphilis should ask about the hoarseness to diagnosed laryngeal syphilis . Non- responders needs ENT referral .