

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 Bikitavy 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 revelled 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 .**