Return of the Great Imitator: An Unusual Cause of Unilateral Tonsil Mass

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Abstract

OBJECTIVES: 1) To present a case of secondary syphilis presenting as unilateral tonsillar mass with neck mass; and 2) to discuss the differential diagnosis of unilateral tonsillar mass in an immunocompromised patient.

STUDY DESIGN: Case report

METHODS: Case report

RESULTS: A 27 year old man with recently diagnosed HIV presented with right 4+ tonsillar swelling, right cervical lymphadenopathy, and pain that was refractory to multiple antibiotics. In order to obtain tissue for diagnosis, tonsillectomy was performed, which was complicated multiple severe postoperative hemorrhages. Due to skin findings at a return visit, further testing was performed yielding a diagnosis of secondary syphilis. Syphilis tonsillitis was confirmed by retroactive pathologic examination of the surgical specimen which showed spirochetes.

CONCLUSIONS: Secondary syphilis is an extremely rarely described cause of tonsillitis or tonsil mass. We present a case of secondary syphilis presenting as extreme tonsillar swelling in an HIV positive patient. This report is intended to highlight the importance of syphilis – a disease that has nearly doubled in incidence in recent years – as an etiology of head and neck disease. It is also an opportunity to review the infectious and neoplastic causes of atypical head and neck masses.

Case

27 year old man with right-sided tonsillar hypertrophy and a neck mass.
• Recently diagnosed with HIV, otherwise healthy
• Sore throat for 2 weeks
• Treated with antibiotics, and antifungals without resolution
• Negative labs: wound culture, acid fast culture, fungal culture, cryptococcus, histoplasma, coccidiodoi, quantiferon

Physical Exam
• Right side extremely enlarged, tender tonsil
• Right large, submandibular, tender neck mass

Imaging
• CT demonstrated diffuse adenopathy with a large conglomerate of nodes in right level 2/3 neck with small areas of central necrosis vs. abscess

Interventions
• Drain placed in right neck mass by interventional radiology with eventual resolution
• Tonsil mass persisted, and was removed with bilateral tonsillectomy
• Pathology revealed large but benign appearing tonsil with extensive inflammation. A diagnosis of HIV lymphoproliferative disease was tentatively rendered.

Post-operative Course

Postoperative day 16:
• Required return to OR for control of severe hemorrhage
• Noted to have developed a new rash: maculopapular, scaly rash that was diffusse, and involved his palms

Postoperative day 25:
• Required another return to OR for hemorrhage – this time required transfusion of 4 units packed red blood cells
• Previous treponemal testing (Rapid Plasma Reagin) had been negative, but a repeat was sent and found to be strongly positive at 1:1024 dilution.
• Secondary syphilis was the diagnosis. Successfully treated with penicillin

Discussion

Syphilis is a once-common disease that is seeing increased incidence in high-risk populations. Syphilis may present in the head and neck at any stage of the disease and may mimic other infections, inflammatory, and neoplastic diseases. It may be other systemic symptoms that direct attention towards syphilis – in this case the diffuse rash noted upon return to Emergency Department. It is often possible to avoid unnecessary tonsillectomy if diagnosis is made early. In this case an early negative RPR was misleading and led to delay of diagnosis. Penicillin is the treatment of choice for syphilis, with doxycycline as an acceptable alternative in case of allergy.

Conclusions

We present a here a case of unilateral tonsillar enlargement with large lymphadenopathy that was at first a diagnostic mystery until further symptoms revealed themselves and led to the diagnosis. Syphilis is still an important clinical entity and must be considered, especially in the case of immunocompromised patients.

References

7. CM Fraser, et al. Complete Genome Sequence of Treponema pallidum, the Syphilis Spirochetes. Science 281, 373 (1998); DOI: 10.1126/science.281.5373.373