OHMANN-DUMESNIL (A. H.)

Reprint from the TRI-STATE MEDICAL JOURNAL, June, 1896.

# CONDYLOMATA LATA.

By A. H. OHMANN-DUMESNIL,

Professor of Dermatology and Syphilology in the Marion-Sims College of Medicine, St. Louis.

AMONG the phases of syphilis which are observed there is none perhaps which is more interesting than the secondary. This offers a greater number and a larger diversity of lesions than any other, and an additional source of interest lies in the fact that these lesions are very apt to be mistaken for certain skin diseases, in many instances at least. Among the striking lesions which are apt to be misunderstood, may be included condylomata lata, and this is in great part due to faulty nomenclature which has been adopted and to misleading names which have been carelessly applied. Before entering into a consideration of the symptoms which characterize the lesions it may be well to devote a few words to this faulty terminology. The most common name applied is that of *venereal warts*. As all these growths are of venereal origin the appellation is incomplete and inexact. *Condyloma* is also incomplete as a term since it leaves doubt as to the nature of the lesion. On the other hand, the terms *condyloma acuminatum* and *condyloma latum* leave no reasonable room for doubt as to the true nature of the lesions spoken of when occurring in a case. The former is non-syphilitic, the cauliflower excrescence or cock's comb growth, whereas the latter is essentially luetic and pathognomonic of the systemic infection which is present. It is on this account that both conditions should be carefully observed as certain intermediate stages occur which might lead to serious error, not only in diagnosis, but in treatment as well unless the essential differential points be mastered before attempting a differentiation. It is not a difficult matter to master the chief points of distinction existing in typical forms, but in those somewhat aberrant the affair becomes more complicated, and yet by remembering the essential points of the typical forms and observing the cases which present themselves quite closely, the liability of making a mistake is reduced to a minimum.

Condylomata lata are also known as cutaneous mucous patches and as moist flat papules or the wet flattened papular syphilide. It is a question in the minds of some as to whether mucous patches of the skin are in reality flat papular syphilides occurring in portions of the skin which are moist or lesions *sui generis*. This subject has been pretty thoroughly considered by Ravogli[1] who concludes in favor of the latter, and I have had occasion to observe flat papules and mucous patches developing simultaneously upon the hands of patients. However, a consideration of this question in all of its aspects would occupy more space than could be devoted to it here. The evolution of condylomata lata is such as to lead one to the same conclusion in regard

[1] A. Ravogli. Mucous Plaques. *St. Louis Medical and Surgical Journal*, December, 1892.

SURGEON GEN'L'S OFFICE. 556. LIBRARY.

to their true nature and their subsequent development would seem to bear out the analogy still further. Many characteristics present themselves which are strongly suggestive of the specific patches occurring upon mucous membranes and *mutatis mutandis* their general behavior is the same. A feature in their history which would seem to bear out the analogy still more is that the period of their appearance corresponds almost exactly with that of the buccal mucous patches and those of the nasal passages. When developed fully the mucous patches will be found somewhat ulcerated superficially and beginning to take on a destructive action. All of

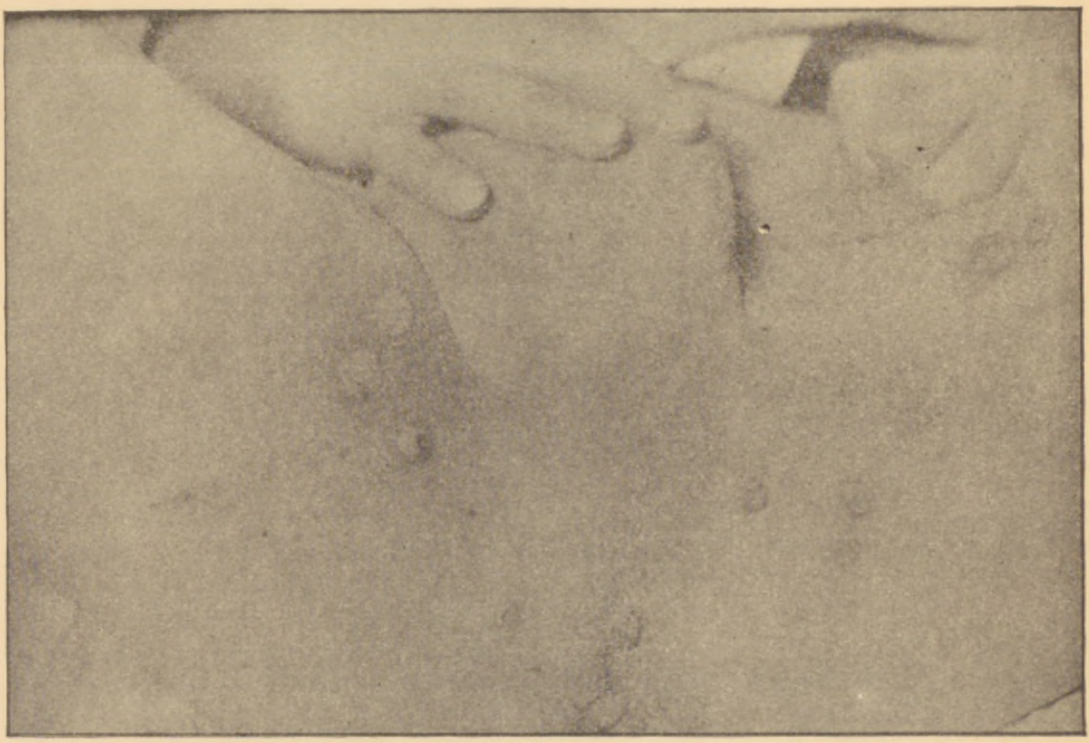

FIG. I. Condylomata Lata in the Male.

which is more or less evidence of neglect, want of cleanliness and inefficient treatment.

Mucous patches of the skin are met with in those portions of the integument which are so situated as to possess both heat and moisture. The most common localities are the genital region, the perineum, the internatal cleft, the cruro-natal fold, the external genitalia, the interdigital spaces, etc. Males and females are both liable to be attacked by these lesions and those who are not overcleanly in respect to their bodies are more susceptible than those who are. However, ablutions are by no means prophylactic for the

moisture furnished aids in causing a growth of the apparent vegetations. However, there is no doubt whatever that those who are not careful of their personal cleanliness will have condylomata occupying much more extensive areas than those who are. Despite the fact that this is the general rule, I have had occasion to observe some of the most extensive occurring in women whose care of their persons was certainly above reproach.

In all forms of condylomata lata the lesions are more or less symmetrical. They are always so when occurring in parts which come in apposition with one another, and there is no question that if unilateral at the beginning, contact with an opposing surface makes it develop a corresponding lesion. This is no doubt due to the liquid exudation which has a more or less corroding influence, and thus influencing a soil prepared for its production, the condyloma latum makes its appearance.

The appearance of condylomata lata in the male differs in several respects from that presented in the female. This is due, of course, to anatomical differences in large part as well as to the different physiological conditions which prevail. In the male the condylomata have a tendency to be more or less rounded and are about the size of a finger-nail. They are also more or less flat and do not have a tendency to luxuriate in a vertical direction. A good example of a fairly-well developed case is given in Figure 1. It may be noted that the thighs are affected on their inner surfaces and, contrary to what is often seen in cases of some length of standing, the scrotum is not much involved, but one plaque being visible on the left side. As is plainly visible each lesion is sharply defined and its contour is clear cut. An almost constant occurrence in such cases is also apparent in the figure—the oval margin is encroached upon by plaques and this is easily accounted for by the fact that here there is a constant moisture to a greater or less degree as we find at all mucous outlets. The lesions are of a pinkish color with a whitish opalescence overspreading it and giving an appearance as if a white liquid had been spread thinly over them. The method of distribution of these lesions varies a great deal from that observed in females as will be seen when the latter are described. One noticeable difference in the lesions as they affect the two sexes is that they do not possess the disagreeable odor to such an intense degree in males. One factor which may contribute to this is that there is not so much moisture and secretion, and furthermore, cleanliness is more easy to maintain. Another reason is that the lesions themselves never attain the size and proportions which they do in women.

Condylomata lata in the female have always been a subject of interest from the apparently appalling appearance which they present. They are almost always of a comparatively large size from the time lost in applying for treatment, this being due in great part to the reluctance a woman feels in exposing such a lesion to the physician, aided by the fact that she is

conscious of the nauseating smell which accompanies it and which no efforts of her own seem able to dissipate. Two principal forms of the trouble may be noted. In the first one it is the vulvar orifice which seems to be principally implicated. A typical case of this nature is shown in Figure 2. Here it will be noted that the condylomatous mass is elevated to a greater or less extent on each side of the vulva, a more or less narrow raised bridge joining the lateral masses and thus forming an irregular elliptical growth. Extending downwards and backwards from the posterior commissure a much less marked condition proceeds backwards and surrounds the anus. At the upper and lower portions of the lateral masses a greater or less well defined sulcus divides them corresponding rather indefinitely with the vulvar cleft. In the other form a somewhat different appearance is presented.

FIG. II. Condylomata Lata in Female, around Anus.

The vulva is very little implicated, the genito-crural fold being the seat of a few small condylomata. From the posterior commissure, however, backwards to a line corresponding to the base of the coccyx a large, elevated plaque presents itself and it possesses all the characteristics observed in the lesion occurring about the vulva. Such a case is very clearly shown in Figure 3. In both forms the eroding power of the secretion may be distinctly made out and a reference to Figures 2 and 3 will plainly show this in the symmetrical outlines surrounding the condylomatous masses.

The color of the lesion in females is pinkish, dirty in appearance, and covered with a mucoid or muco-purulent secretion of a most foul and penetrating odor which is distinctly *sui generis*. There is but very little rough

usage necessary to cause bleeding, sometimes profuse in character. Sensibility is somewhat obtunded, as this will cause but very little or slight pain. Pain, however, is complained of as being caused by the friction of the thighs which occurs in walking, and this also contributes to increase the size of the lesions on account of the stimulation which is afforded as well as the opportunity which such exercise affords to the secretion to spread itself over adjacent parts. Another irritating factor which is almost constantly present in these cases is a muco-purulent or purulent form of leucorrhea.

Whilst the secretion of the condylomata has a great influence in spreading the trouble upon the affected individual its corroding influence

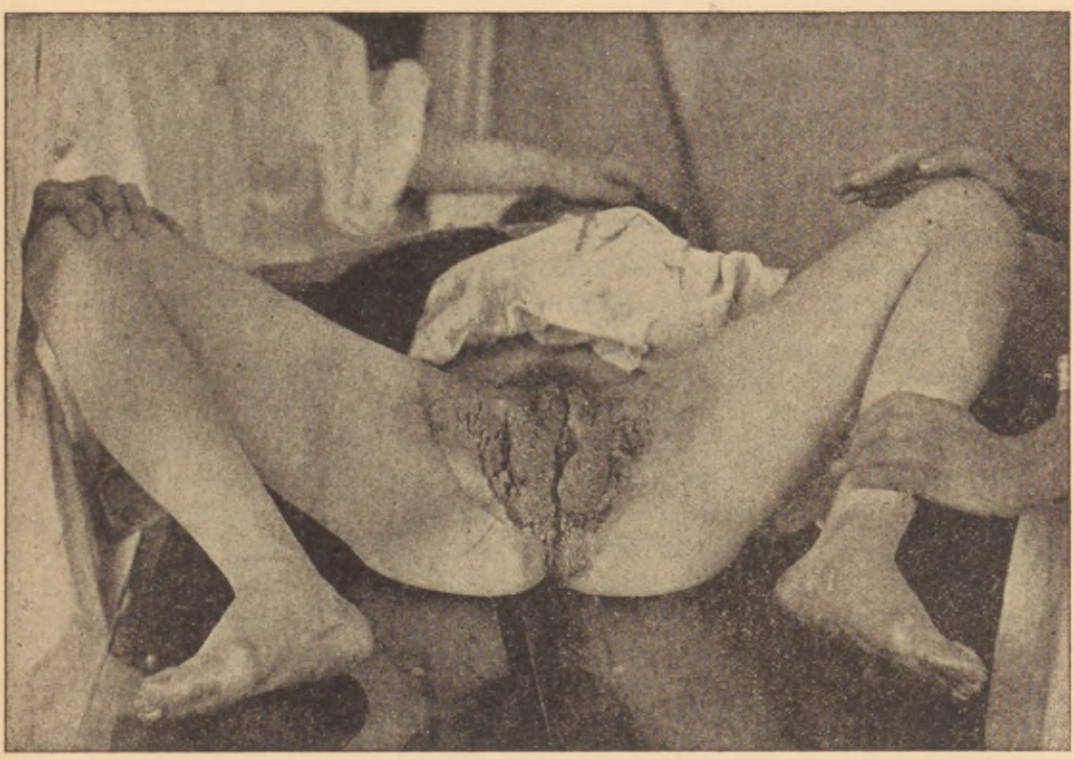

FIG. III. Condylomata Lata in the Female, around Vulva.

is none the less marked as a very active factor in the transmission of syphilis. There is no doubt whatever that the mucous patch, whether it be of a mucous membrane or of the skin, is one of the most active disseminators of the disease. The secretion of condylomata lata has a distinctly corrosive action upon the thin epithelium of the glans penis and preputial mucous membrane thus creating an absorptive surface which is readily receptive of the syphilitic virus into the organism of the male. Similarly, the delicate mucous membrane on the inner side of the labia majora renders the female liable to the acquirement of syphilis. In either case, it must not be

forgotten that the resultant lesion is an erasive chancre, and that the syphilis which has been acquired will follow the usual course observed in the disease. There is no such thing as a mucous patch or condyloma being transmissible as such to an uninfected individual. These lesions are symptoms of the secondary stage of syphilis, and it can never precede the primary or infecting stage.

The development of condylomata lata is comparatively a rapid one, and their increase in size is also characterized by the same quality. On the other hand, their disappearance under proper treatment is equally or more rapid, and if properly carried out, there is no therapeutic method more satisfactory in its results. It is for this reason that I intend to dwell somewhat at length upon the different modes of treatment pursued, and then indicate that one which I have found to be the easiest, most rapid, and most satisfactory in my experience.

One thing which must always be borne in mind, is that internal treatment alone will not prove sufficient to cause condylomata lata to disappear. Local medication is absolutely necessary, and cauterizing agents, whilst largely used, are not among the best agents to employ. The first step necessary whatever application is used is absolute cleanliness of the affected parts. The next is to put on a protective dressing, preferably absorbent cotton, so as to prevent as much irritation as possible. Naturally the dressing is put on after the application of the local medicaments. Among the various remedies which have been employed may be mentioned chromic acid, the acid nitrate of mercury, carbolic acid, a one to five hundred solution of nitrate of silver and similar ones. After applying any one of them some inert powder is freely sprinkled over the lesions, and a dressing applied as indicated above. In my experience the most convenient as well as most efficient treatment has been the following: The patient is ordered to cleanse the parts thoroughly. If a female a warm bichloride vaginal injection of a strength of one in two thousand is taken. The external parts are then freely washed with a one to five hundred solution of bichloride. Following this calomel is freely powdered over all, and the cotton dressing applied. This treatment is to be pursued twice daily, and in a very few days, the trouble will have been found to have disappeared. Some prefer applying some form of mercurial ointment, but it is neither as cleanly, nor as efficient as the one just indicated.

The advantages of the method I have given, are that it is easy of application, and efficient, as well as rapid in results. Directly the solution has been applied, all odor disappears, and the liberal application of the powder in conjunction with the bichloride solution leads to the formation of nascent bichloride of mercury which is very active in its effects. The calomel keeps the parts dry, and this is one of the prerequisites to a cure of the condition. The rapid return to a normal condition is so rapid as to be as surprising as it is gratifying to both patient and physician.