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**Luetic cervical lymphadenitis in a young adult**

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The most effective non-invasive tools for determining the cause of adult cervical lymphadenopathy are fine-needle aspiration and core needle biopsy. If inflammation rather than malignancy is indicated, serologic tests for syphilis should be performed in cases of persistent disease. Syphilis is a sexually transmitted disease by *Treponema pallidum*, and characterized by chancre formation at the site of infection. Regional lymph nodes can be affected, but isolated syphilitic lymphadenitis without chancre is not common. We report a case of syphilitic lymphadenitis with inconspicuous history of syphilis infection. A young adult presented cervical lymphadenopathy without any mucosal disorder in head and neck. Oral antibiotics failed to improve the condition, although core needle biopsy suggested an infectious cause. Serological tests revealed evidence of syphilis infection and excisional biopsy was performed for definite diagnosis. Pathologic review concluded on syphilitic lymphadenitis, which was resolved by benzathine penicillin therapy. Syphilis should be considered as a cause of cervical lymphadenopathy in adults.

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