

Syphilis ^W



Indications for testing asx patients

- Pregnant women
- Sexual partner w/ dx early syphilis
- MSM
- HIV infection or other STI
- Incarceration

Treponemal test (TP-PA, FTA-ABS)

Nontreponemal test (RPR, VRDL)

Should ↓ by at least factor of 4 after Tx (e.g. 1:16 → 1:4)

EARLY SYPHILIS

Tx: penicillin G benzathine IM x 1

1° - Early (wks)

Chancere, usually painless (genitalia, pharynx, anus)

¼ untreated will develop

2° - Disseminated (wks-mos)

Const: fever, myalgia, adenopathy
Derm: maculopapular rash (hands, feet), condyloma lata, alopecia
Other: hepatitis, nephrotic syn.

Early Latent

Asymptomatic infection occurred within <12 months

LATE SYPHILIS

Tx: pen G benzathine IM weekly x 3

3° (15-30 yrs)

Vascular: aortitis, aortic regurg. (vasculitis of vaso vasorum)
Gummatous disease: skin, bone, central nervous system

Late Latent

Asymptomatic infection occurred >12 mos or time unknown

NEUROSYPHILIS - can occur at any stage of syphilis!

Tx: penicillin G aqueous IV x 10-14 days

Early (mos-yrs)

Syphilitic Meningitis, Meningovascular Syphilis, Ocular syphilis, Otologic syphilis

Late (yrs-decades)

Tabes Dorsalis, Ocular/Otologic Syphilis
General Paresis (aka Dementia Paralytica)

LP Indications = Neuro sx at any stage, ocular/otologic syphilis, failure to respond to Tx, 3° Syphilis