



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## SECONDARY SYPHILIS WITH NEUROSYPHILIS: IMPORTANCE OF ANAMNESIS AND EXAMINATION

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Background: Syphilis is currently considered an epidemic infectious disease in Brazil and worldwide. The number of reported cases in adults rose dramatically in the country, up to 87593 in 2016. Secondary syphilis is a common presentation of early syphilis, especially in HIV-positive patients. However, prevalence of neurosyphilis in early syphilis is low, around 0.7% in HIV-negative and 1.2% in HIV-positive patients.

Observation: We present a case of a 45-year-old HIV-positive male reporting a 5-month history of peeling of palms and soles. Physical examination revealed sparse erythematous papules on upper arms, palmoplantar exfoliation, oval elevated plaques on labial mucosa and cervical lymphadenopathy. A slight forgetfulness for an extended period of time was also mentioned. We decided to apply The Mini-Mental State Examination as a screening tool for cognitive impairment. The final result of this assessment indicated a dysfunction considering age and educational attainment. Ophthalmoscopy was normal. Lab tests showed serum-VDRL: reactive 1:4096 and CD4 count: 537 cells/mm<sup>3</sup>. Cerebrospinal fluid analysis showed VDRL: reactive 1:1, 22 nucleated cells/ $\mu$ l (80% mononuclear) and normal protein concentration. CT scan was unremarkable. Considering clinical evaluation and work-up, diagnosis of secondary syphilis with concomitant early neurosyphilis was made. He received a 14-day treatment with aqueous crystalline penicillin G (4.000.000 units IV every 4 hours). After 4 months, patient presented no symptoms, normal Mini-Mental Examination and serum-VDRL: reactive 1:256.

Key message: The presented case highlights the importance of thorough anamnesis and examination for dermatologists suspecting of syphilis. With mild cutaneous symptoms and vague mental complaint, it emphasizes the relevance of lymph nodes palpation, oral examination and neurological evaluation. According to major international guidelines for HIV-positive patients with CD4 count >350 cells/mm<sup>3</sup>, a lab result showing serum-VDRL titre >1:32 would later recommend a lumbar puncture. However, neurological suspicion and examination made it absolutely mandatory already at first clinical appointment.

