

PP270 - A rare presentation of ocular syphilis.

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BACKGROUND

- Syphilis is a sexually transmitted infection caused by the Gram-negative spirochete *Treponema pallidum*.
- Chronic untreated infection leads to multisystem involvement, which includes ocular morbidity.¹
- It is also known as the “Great Masquerader” as ocular syphilis can mimic a variety of ocular diseases, most commonly uveitis, but also interstitial keratitis, chorioretinitis, retinitis, retinal vasculitis, and optic and cranial neuropathies.²
- Thus, proving to be a diagnostic challenge for ophthalmologists, requiring a high level of clinical suspicion to avoid misdiagnosis and delay in therapy.³
- Diagnosis is based on serological testing namely VDRL test and TPHA titers.
- Ocular syphilis is managed as per treatment protocol for neurosyphilis, namely, penicillin G treatment for at least 14 days.⁴

UNIQUENESS

- A rare presentation, that is, ocular syphilis with two boat shaped pre retinal hemorrhages with CRVO in left eye.

CASE DESCRIPTION

- 28-year-female, resident of Assam, Homemaker.
- Chief complaints of sudden onset progressive diminution of vision in left eye since 20 days.

	RIGHT EYE	LEFT EYE
BCVA	6/6 , N6	HMCF , <N36
Cycloflash	Bright glow	Dull glow
EOM	Full	Full
Adnexa, lids	Normal	Normal
Conjunctiva	Normal	Normal
Cornea	Clear	Clear
AC	VH - IV	VH - IV
Iris	Normal	Normal
Pupil	Round, Reacting to light	Round, Reacting to light
Lens	Clear	Clear
IOP with GAT	16 mm Hg	18 mm Hg

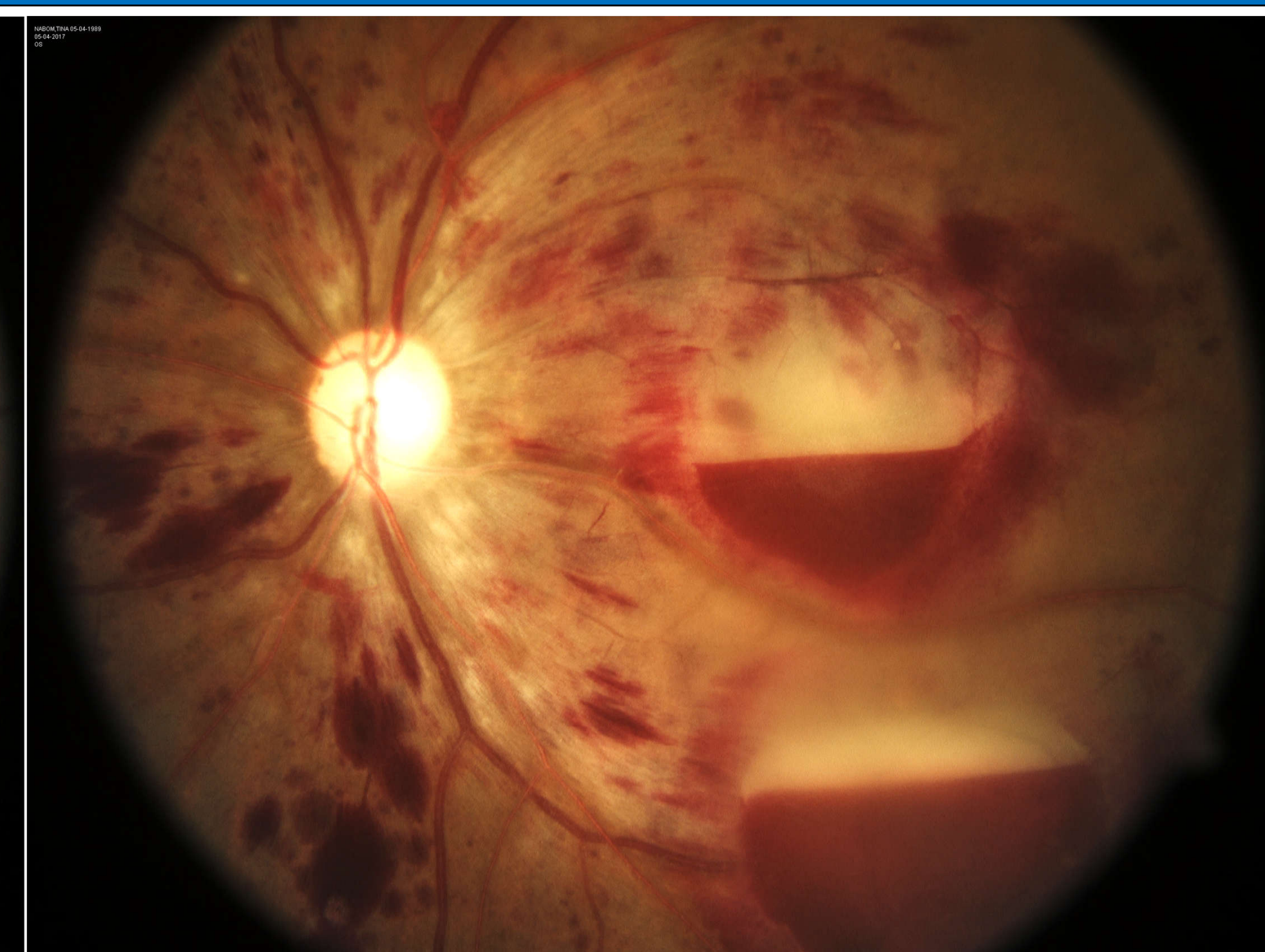
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CASE DESCRIPTION



Color fundus photograph of right eye showing normal fundus.



Color fundus photograph of left eye showing multiple flame shaped haemorrhages and two boat shaped pre retinal hemorrhages.

INVESTIGATION

- Complete Blood Count → Within normal limits.
- Peripheral Blood Smear → Normal and mature cells.
- HIV, HBsAg, HCV → Non reactive.
- VDRL → REACTIVE , TPHA → POSITIVE (1:160).**

TREATMENT AND OUTCOME

- As per the recommended treatment for neurosyphilis and ocular syphilis, the patient was started on Crystalline Penicillin-G 24 million units per day, administered as 6 million units intravenously 6 hourly for 14 days.



Post treatment - Color fundus photograph of right eye showing normal fundus.



Post treatment - Fundus photograph of left eye showing resolution of hemorrhages and fibrosis.

DISCUSSION

- The diagnosis of syphilis is often difficult based on ocular findings because the specific and pathognomonic features of the disease are absent.⁴
- Optic neuritis and retinitis are considered under neurosyphilis and managed accordingly.
- The recommended treatment for neurosyphilis is aqueous crystalline penicillin G (18–24 million U IV daily) or procaine penicillin (2.4 million U IM daily) with probenecid (500 mg orally 4 times per day) for 10 to 14 days.⁴
- In penicillin-allergic patients, an alternative regimen of ceftriaxone (2 g/day IM or IV for 10–14 days) may be instituted.
- Thus, this case depicts a unique presentation of ocular syphilis.

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