

Ocular Syphilis without Neurosyphilis in immunocompetent Patient

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Background: Syphilis is a sexually transmitted infection (STI) caused by the Gram-negative spirochete *Treponema pallidum*. If untreated, it manifests as a chronic multisystem disease, which includes ocular morbidity.

Case(s) description: We report a 42 year old male patient who presented with bilateral dense vitritis and retinitis obscuring fundus details similar to acute retinal necrosis, as a rare reported manifestation of syphilis, who was initially given intravenous penicillin G. He had been complaining of poor vision in both eyes for three weeks. An ophthalmic examination showed suspected retinal vasculitis and uveitis in both eyes, and the right side was more severe. The screening test was positive for syphilis serology (RPR, reactive 5.1; TPLA, 33.20 reactive) and negative for sexually transmitted diseases, including HIV. The diagnosis of syphilitic uveitis was made by ophthalmologic specialist (figure 1). But there is no evidence of CNS involvement of syphilis. VDRL tested in cerebrospinal fluid was non-reactive and there were no symptoms or signs to suspect neurosyphilis. With the clinical diagnosis of ocular syphilis, treatment with intravenous penicillin (4 million units q4h) was promptly initiated. His visual acuity maintained to 80/100 in the both eyes and still exudate in the right. Pars plana vitrectomy and intravitreal triamcinolone injection were performed in his both eyes. Intravenous penicillin was administered for 14 days along with ophthalmic treatment. The visual impairment improved and the patient is under follow-up after discharge.

Discussion: Ocular syphilis can occur without neurosyphilis. Ocular syphilis requires caution because it can cause irreversible vision damage if diagnosis and treatment are delayed. It can be suspected when a nonspecific eye infection occurs, and serological testing must be performed together with fluorescent fundus angiography.

