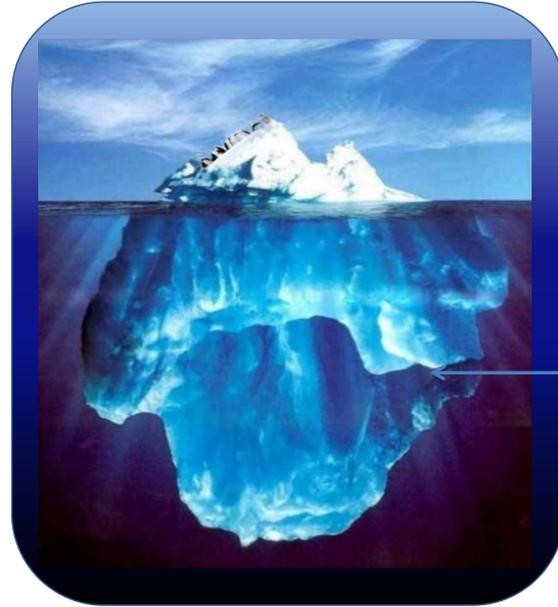


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## Background:

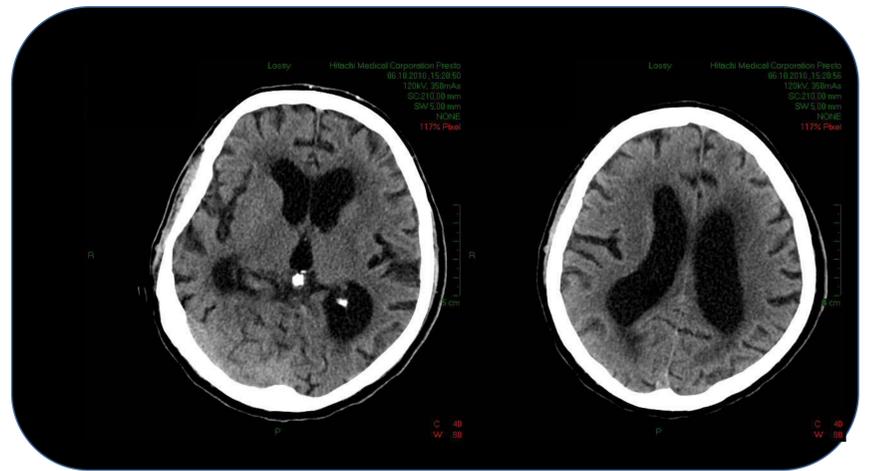
Recent epidemiological data show an increased trend of incidence and prevalence for syphilis (S) infection in the general population. *Treponema pallidum* invades the central nervous system early in the course of disease and causes persistent infection in a subset of infected persons. The manifestations of neurosyphilis (NS) can be asymptomatic or symptomatic (acute meningitis, meningovascular S, parietic NS and tabes dorsalis). The incidence of NS is increasing, some reports being of 0.4/100.000 in west European country.



Syphilis  
Neurosyphilis

## Objectives:

The aim of this study is to characterize from epidemiological point of view the patients diagnosed with S in the last 4 years in Matei Bals National Institute for Infectious Disease (INBI) - Bucharest, Romania and focused on NS.



Cerebral CT scan: cerebral atrophy in a 52 year old male with no significant past history, admitted for aphasia, right sided weakness and altered mental status that progressively worsened for 4 months.  
Chest CT scan: bilateral pulmonary embolism  
Doppler exam: deep venous thrombosis femoral vein  
LP: 9 nuclear cells/mm<sup>3</sup>, 88mg/dl protein, VDRL+, TPHA+  
Diagnosis: meningovascular syphilis

## Methods:

This is a retrospective analysis based on reviewing data of patients diagnosed with S in INBI, comparing 2 consecutive periods: 2008-2009(I) and 2010-2011 (till 01.10) (II). All patients were serology screened using the Venereal Disease Research Laboratory (VDRL) and confirmed with *T pallidum* hemagglutination test (TPHA). The staging of the disease was based on clinical presentation: Primary S - painless chancre with/without lymphadenopathy; Secondary S - systemic manifestations (malaise, fever, myalgias, arthralgias, lymphadenopathy) and rash or condylomata lata and patchy alopecia; Tertiary S - neurological or cardiac involvement; Latent S - asymptomatic; NS: asymptomatic or symptomatic with CSF abnormalities (pleocytosis, elevated protein, decreased glucose, and positive VDRL test).

## Results:

In the studied period (2008-2011) the total patients (pts) number was 165, medium age of 31.2 years, 103 males and 62 females. Congenital S - 15 cases (9%); 16 NS cases (9.7%): one meningitis, 8 meningovascular S, 4 general paresis and 4 latent S. Out of 165, 47 pts (28.5%) were S-HIV-coinfected.

Regarding the 2 periods, (I) with 93 pts and (II) with 72 pts, there are 2 vs 3 cases for primary S, 16.2% vs 19.4% secondary S, 8.6% vs 11.1% tertiary S; for latent S 61.6% vs 56.9%; for NS 8.6% vs 11%.

## Conclusions:

In our study there was a high number of latent S reminding the need for S screening especially among HIV infected patients, pregnant women and neonates.

There was also a trend of increasing in NS proportion, mostly meningovascular S, so any neuropsychiatric patient or vascular thrombotic neurologic accident or meningitis without a clear etiology should be evaluated for S.