Images in...

Congenital syphilis: remember to not forget

Roberta Onesimo, Danilo Buonsenso, Claudia Gioè, Piero Valetini

Pediatrics Department, Catholic University of Sacred Heart, Rome, Italy

Correspondence to Dr Roberta Onesimo, roberta onesimo@yahoo.it

DESCRIPTION

A 2-month-old girl (born in Italy from Rumanian parents) was admitted to our paediatric emergency department because of fever and painful mobilisation of the left arm. Copper-red maculopapular lesions on face and hands were noted; the mother presented a similar lesion on the thumb of the right hand (figure 1). Palms and soles showed erythema and desquamation with dry scaling. Severe hepatosplenomegaly was present. X-ray was performed and epiphysial detachment of the left humerus was detected (figure 2). Congenital syphilis was suspected due to the presence of infant bone lesion and the same rash in the baby and in the mother. Serologic

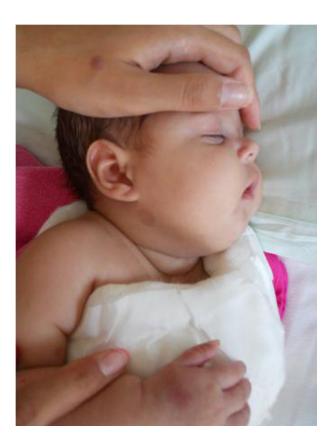


Figure 1 Copper-red maculopapular lesions on the child's face and right hand (arrows). A similar lesion is visible on the thumb of the mother's left hand (arrow head).

screening was performed in the child and revealed reactive Venereal Disease Research Laboratory (VDRL) titre (1:64) and Treponema pallidum haemagglutination (TPHA) (1/5120). Fluorescent Treponemal antibody-absorption (FTA-ABS) and specific IgM on blood were positive too. VDRL, TPHA, FTA-ABS and specific IgM on cerebrospinal fluid were negative. The diagnosis of congenital syphilis was made and the infant was treated with aqueous penicillin G, 50 000 U/kg per dose every 12 h during the first 7 days and every 8 h till day 14. An indepth medical history revealed that the father had a diagnosis of syphilis 7 months before her birth. The mother, a primigravida HIV negative woman with secondary syphilis, had two falsenegative VDRL titres during pregnancy, due to prozone phenomenon. This is documented in immuno-compromised states (ie, pregnancy, HIV infection) and occurs in very high antibody titers, due to an inappropriate ratio of antibody versus antigen. 1-3 To prevent this phenomenon the serum should be diluted up to 1:16.3



Figure 2 Left arm x-ray showing epiphysial detachment of the distal end of the humerus (arrow).

BMJ Case Reports

Learning points

- Congenital syphilis is still a major public health problem. This report highlights that syphilis may go undetected in pregnant women, also in developed countries.
- Gynaecologists and obstetricians have to be vigilant and to perform repeated serology checks during pregnancy especially if risk factors are present.
- Congenital syphilis is a deadly yet curable disease. Paediatricians should consider congenital syphilis in any infant with suspicious clinical findings, despite maternal serologic status (prozone phenomenon), in order to perform early diagnosis and appropriate treatment.

Competing interests None.

Patient consent Obtained.

REFERENCES

- Woods CR. Syphilis in children: congenital and acquired. Semin Pediatr Infect Dis 2005;16:245–57.
- Karthikeyan K, Thappa DM. Early congenital syphilis in the new millennium. Pediatr Dermatol 2002;19:275–6.
- Lautenschlager S. Diagnosis of syphilis: clinical and laboratory problems. J Dtsch Dermatol Ges 2006;4:1058–75.

This pdf has been created automatically from the final edited text and images.

Copyright 2012 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit http://group.bmj.com/group/rights-licensing/permissions.

BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Please cite this article as follows (you will need to access the article online to obtain the date of publication).

Onesimo R, Buonsenso D, Gioè C, Valetini P. Congenital syphilis: remember to not forget. BMJ Case Reports 2012;10.1136/bcr.01.2012.5597, Published XXX

Become a Fellow of BMJ Case Reports today and you can:

- ► Submit as many cases as you like
- ► Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ► Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

For information on Institutional Fellowships contact consortiasales@bmjgroup.com

Visit casereports.bmj.com for more articles like this and to become a Fellow

Keep up to date with all published cases by signing up for an alert (all we need is your email address) http://casereports.bmj.com/cgi/alerts/etoc