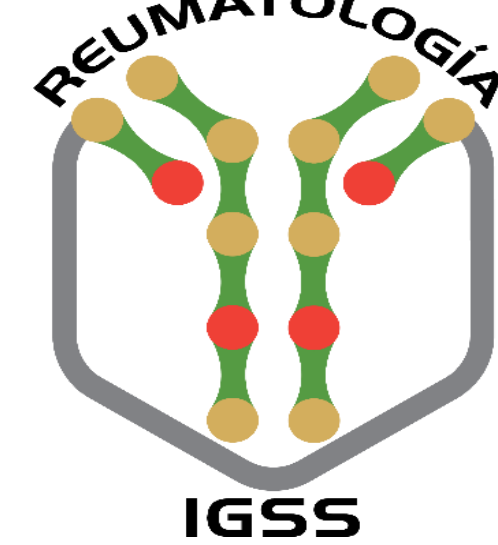




Case Report: Vasculitis Secondary To Syphilis.

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Case Description

A 50-YEAR-OLD WOMAN case with background history of peripheral neuropathy, ophthalmological disorders, and peripheral vascular changes.

With 2-month history of painful ophthalmoplegia, headache and progressive blindness, evidence of cavernous sinus thrombosis, sphenoid ethmoidal sinusitis, and osteomyelitis, with use of prednisone and antibiotic treatment, she was hospitalized for complicated sinusitis.

Physical examination showed, saddle nose without bone destruction, articulating and uttering words difficulty, crackling rales in both lung fields, paralysis of III, V, VII, IX, X, XI cranial nerves, decreased muscle strength and absence of patellar reflex.

Laboratory studies showed leukocytosis, anemia, thrombocytosis, and elevation of acute phase reactants, 10.3 g/24 hrs. proteinuria with active sediment. Negative CSF culture. Cerebral and neck magnetic resonance showed mesencephalic and temporal infarcts, frontal ethmoid pansinusitis, and carotid artery obstructed from its origin by inflammation (**Figure 1**). Chest tomography showed ground glass image in lung bases. Renal biopsy revealed the presence of large and small eosinophils with slight cellularity positive for PAS staining, mild lymphocytic infiltrated in interstitial tubule, and immunohistochemistry with IgM, C1q and C3c Positive (+++) in glomerular basement membranes and vascular walls. ANCA was negative, antibodies to T. Pallidum were positive with a concentration of 8.32 (reference >1), FTA ABS (T. Pallidum) IgG was positive (**Figure 2**).

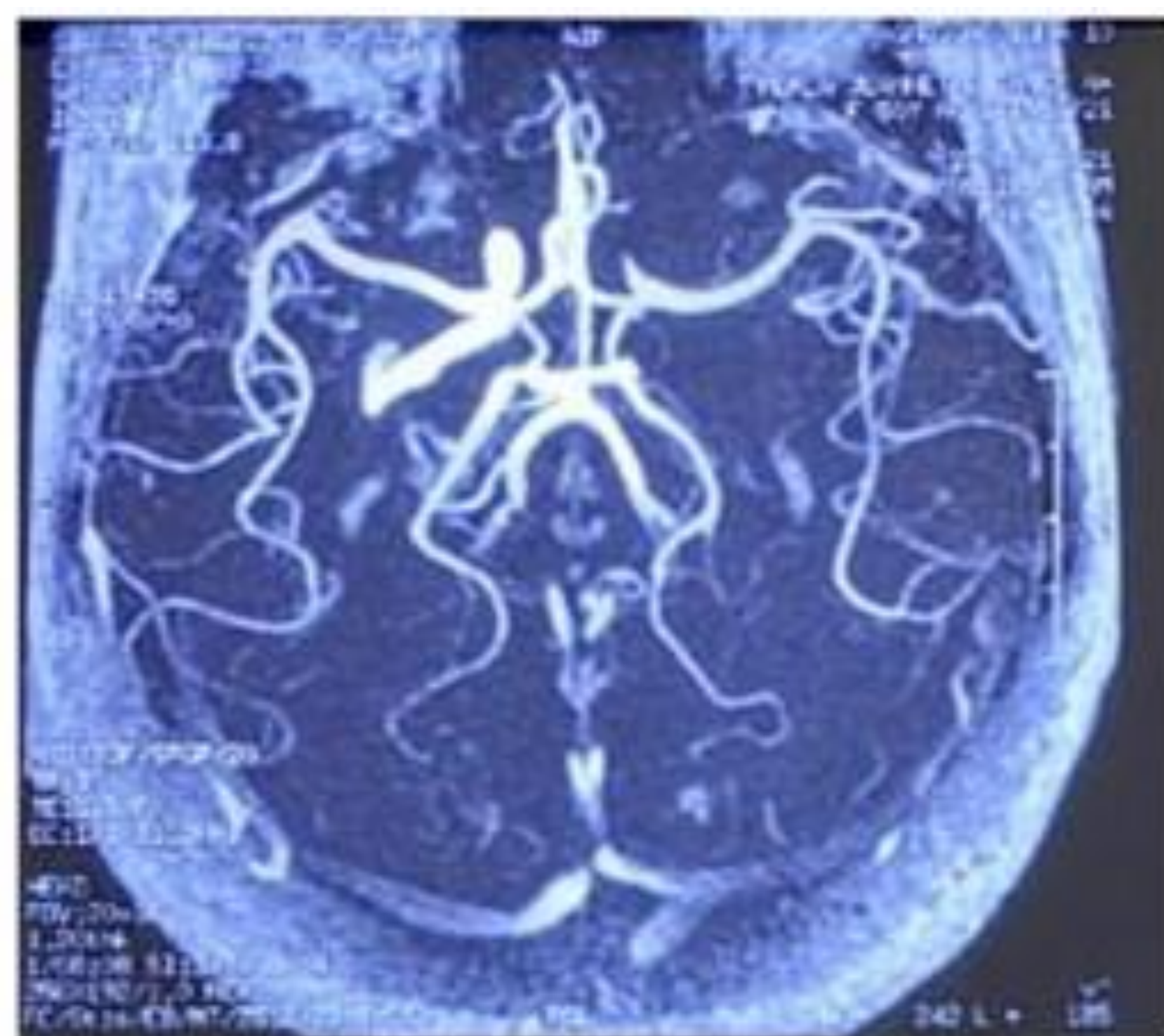


Figure 1

Discussion

A diagnosis of Vasculitis Secondary to Syphilis was made.

Vasculitis secondary to syphilis is rare, has been evidenced in case reports with clinical manifestations and the presence of serological or histology antitreponemal IgG antibodies. Treatment is based on antibiotics according to the case definition and the concomitant use of steroids. Case reports have shown that the concomitant steroid treatment has been useful for neurological and cardiovascular syphilis.

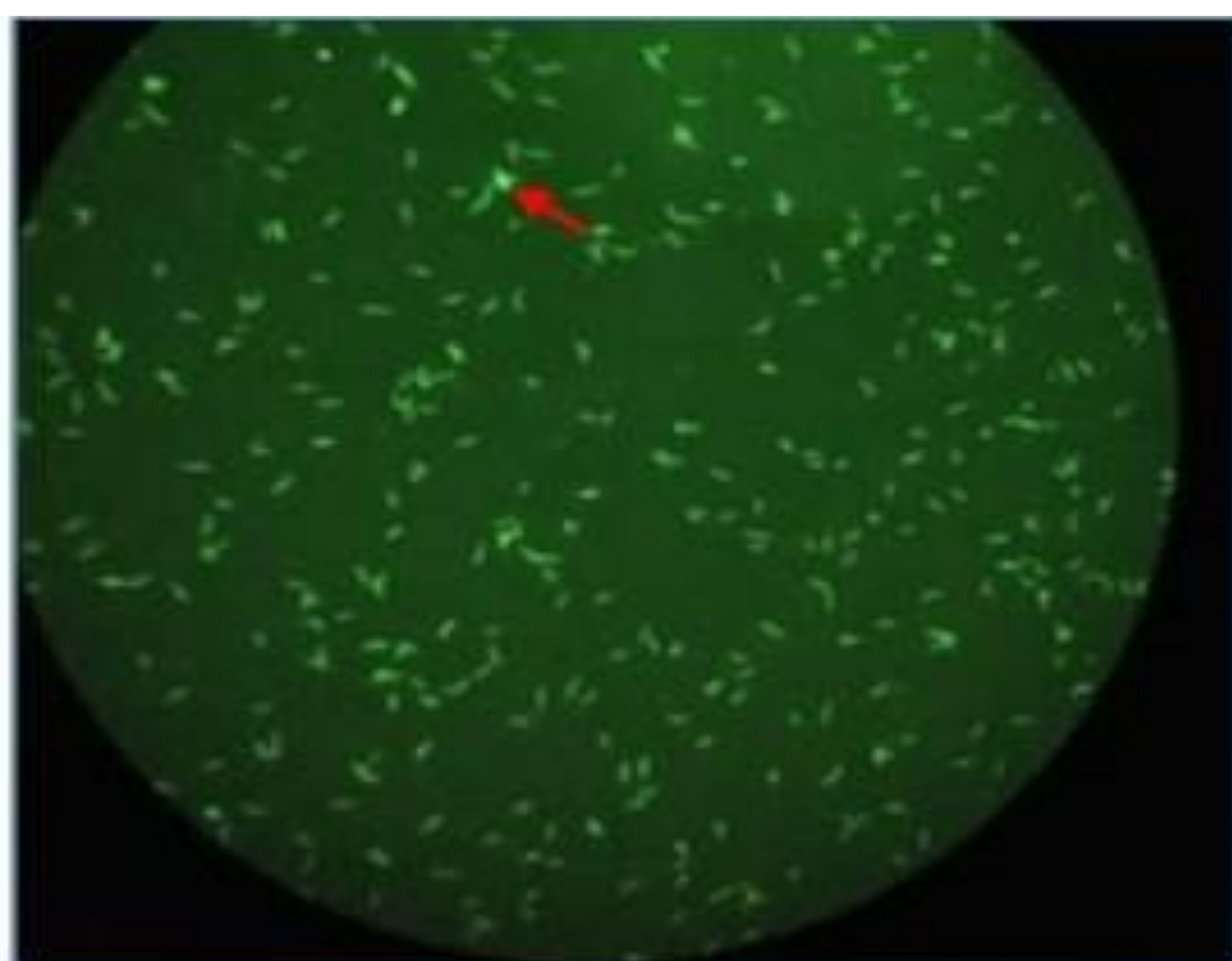


Figure 2

Conclusion

Case was defined as tertiary syphilis. Benzathine penicillin 2.4 million treatment, every 7 days/3 weeks and systemic glucocorticoids was initiated. After 2 weeks of treatment, patient presented improvement of neurological manifestations. However, patient died 3 weeks later due to infectious complications not associated with diagnosis..