
بسم الله الرحمن الرحيم

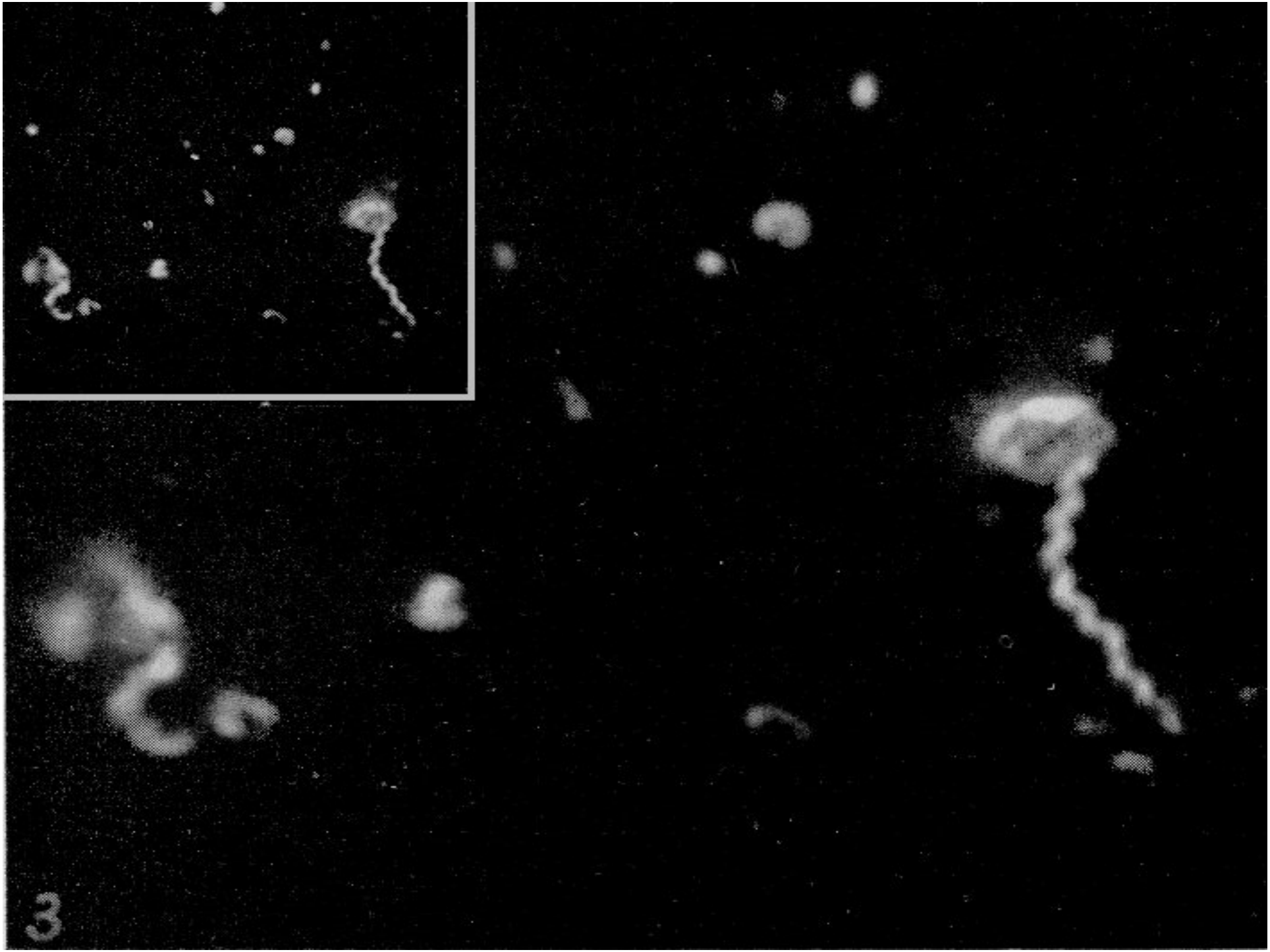

SYPHILIS

Syphilis

*** Definition:**

Syphilis is a chronic systemic infectious disease usually acquired by sexual contact and caused by the spirochaete, *Treponema pallidum*

* The organism has 2 characteristic types of motility (corkscrew or propulsive and change of shape)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*** Diagnostic tests:**

1- Dark ground microscopy

2- Serological tests

a) Standard tests for Syphilis(non-specific)

* Wasserman reaction (WR)

* Venereal disease Research Laboratory test (VDRL)

* Rapid Plasma Reagin test (PRP)

b) Specific tests for Syphilis:

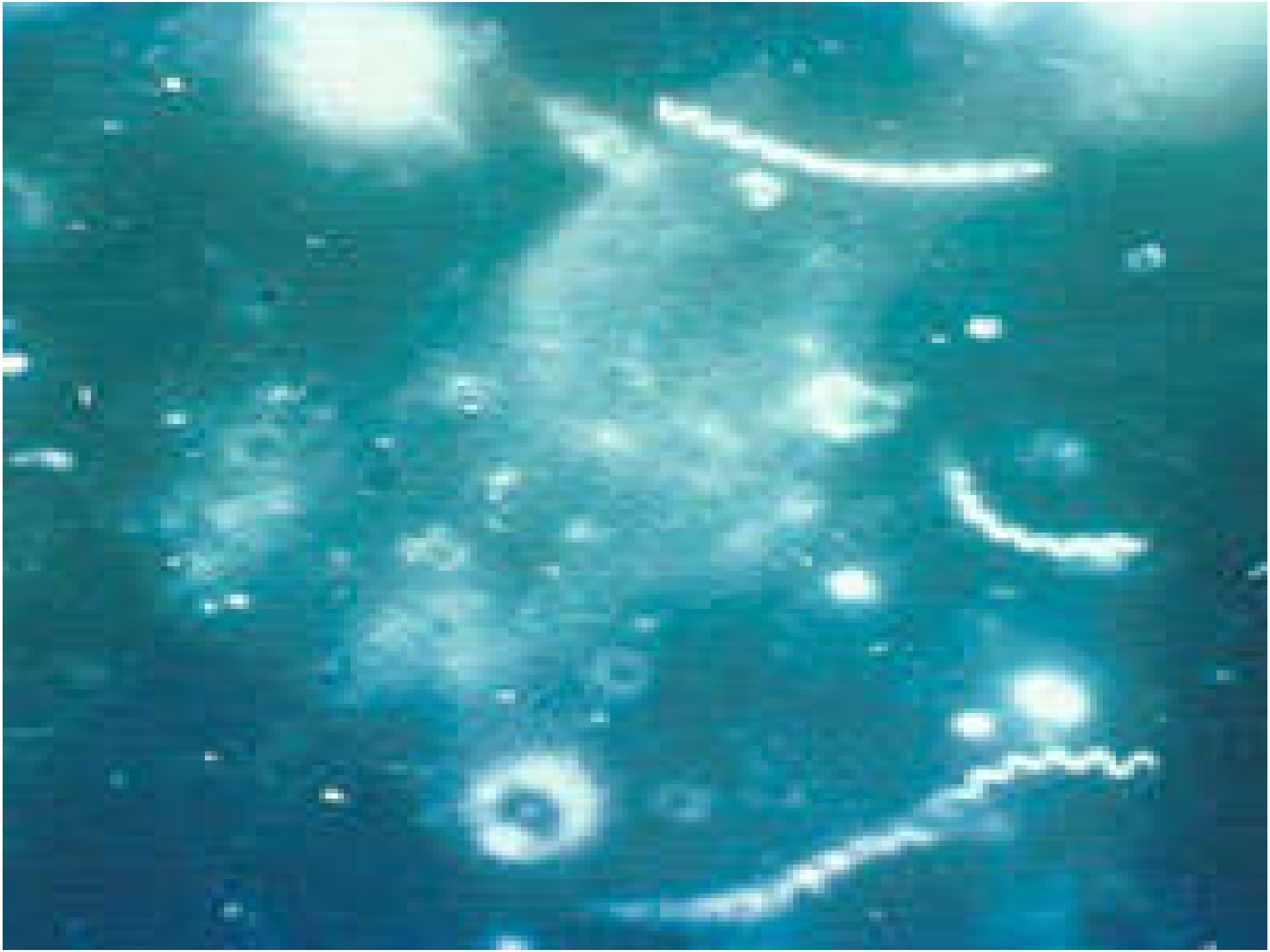
* Treponema Pallidum Immobilization test (TPI)

* Fluorescent Treponemal antibody test (FTA)

* Treponema Pallidum Hemagglutination test (TPHA)

3- CSF examination (when NS is suspected)

4- Biopsy to differentiate gumma from malignancy



* Classification:

A- Acquired Syphilis

1- Early (within 2 years - infectious)

* Primary stage (chancre)
* Secondary stage
* Early latent stage

2- Late (after 2 years – non infectious)

* Late latent stage

* Tertiary stage

* Cardiovascular Syphilis

* NeuroSyphilis

B- Congenital Syphilis

* Early

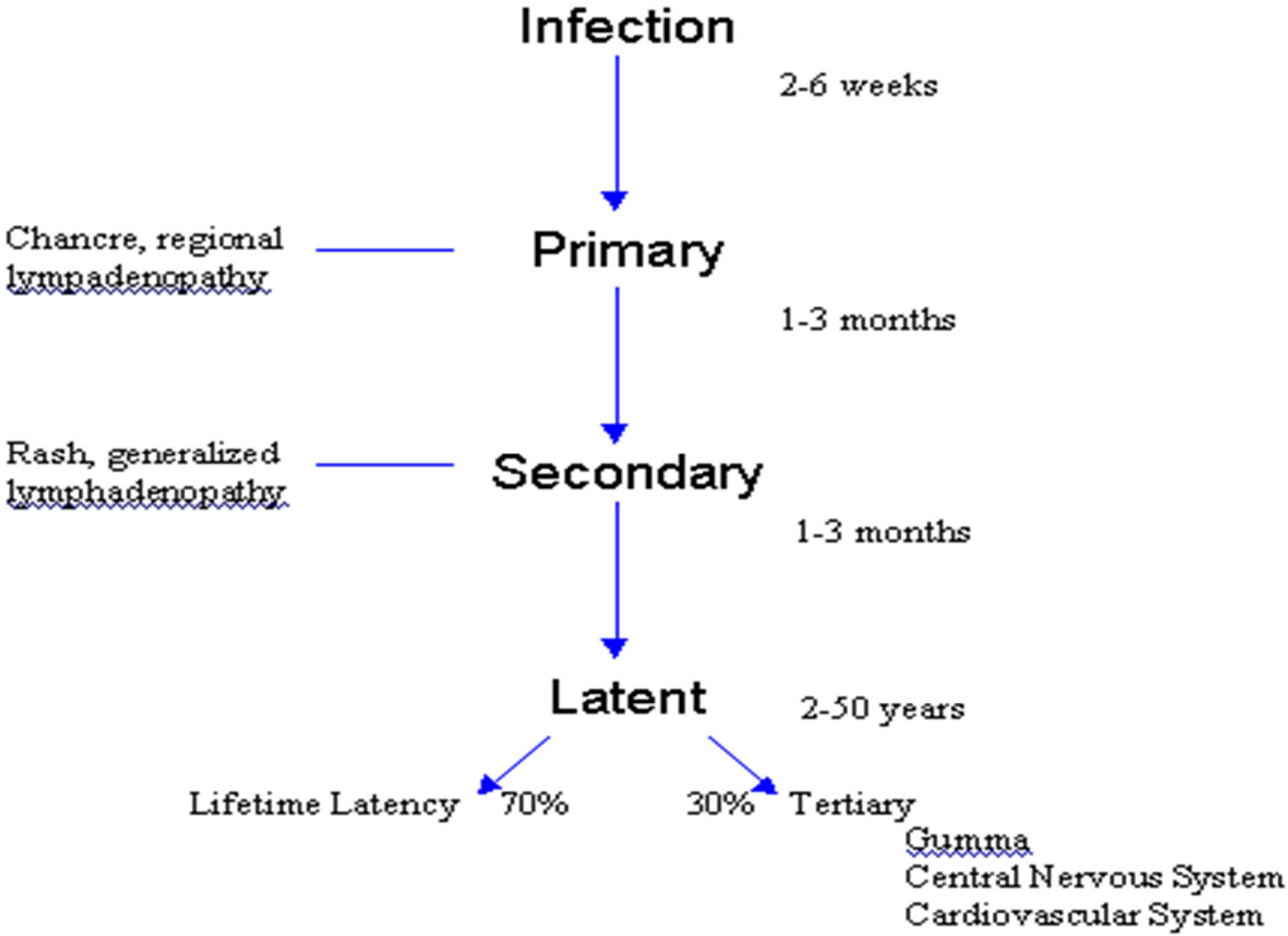
* Late

* Stigmata (the remainders)

ACQUIRED SYPHILIS

- After an incubation period of 9-90 days a chancre appears at site of entry of T.P.; which heals in 6-8 weeks followed by 2ry stage

- If untreated physical signs disappear but serology remains positive (latent syphilis)


Infection
2-6 weeks
Chancre, regional lymphadenopathy
Primary
1-3 months
Rash, generalized lymphadenopathy
Secondary
1-3 months
Latent
2-50 years
Lifetime Latency
70%
30%
Tertiary
Gumma
Central Nervous System
Cardiovascular System

Primary Syphilis (Chancre)

It is characteristic lesion, starts as small papule that gives painless ulcer with following criteria:

* Single (except……)
* Painless (except……)
* Well-defined & regular edge
* Indurated base (cellular infiltration)
* Dull red clean floor oozing serum on manipulation

. * Regional lymph nodes (enlarged, painless, firm & bilateral)

*** Sites** - genital 95%

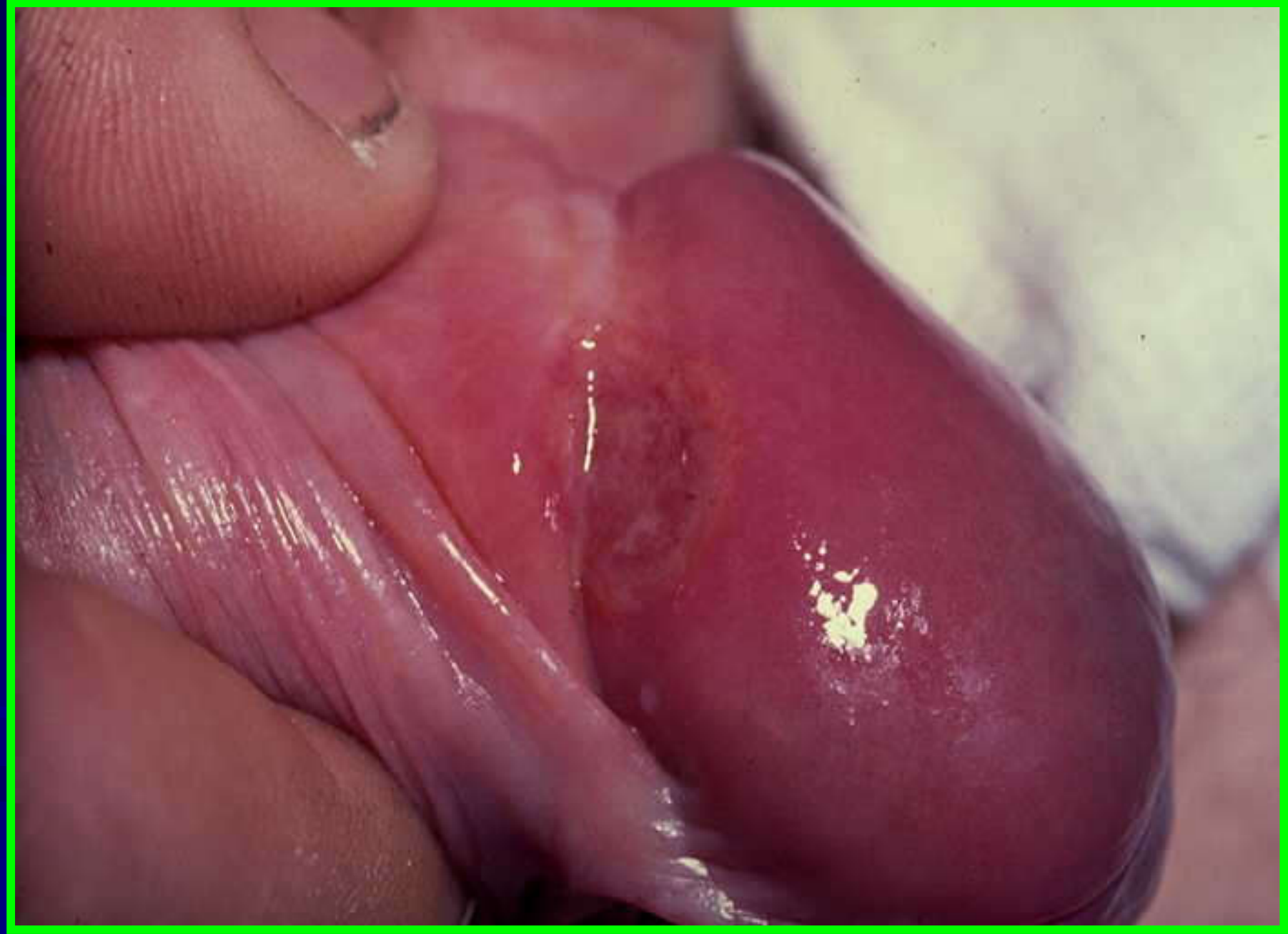
- extragenital 5%

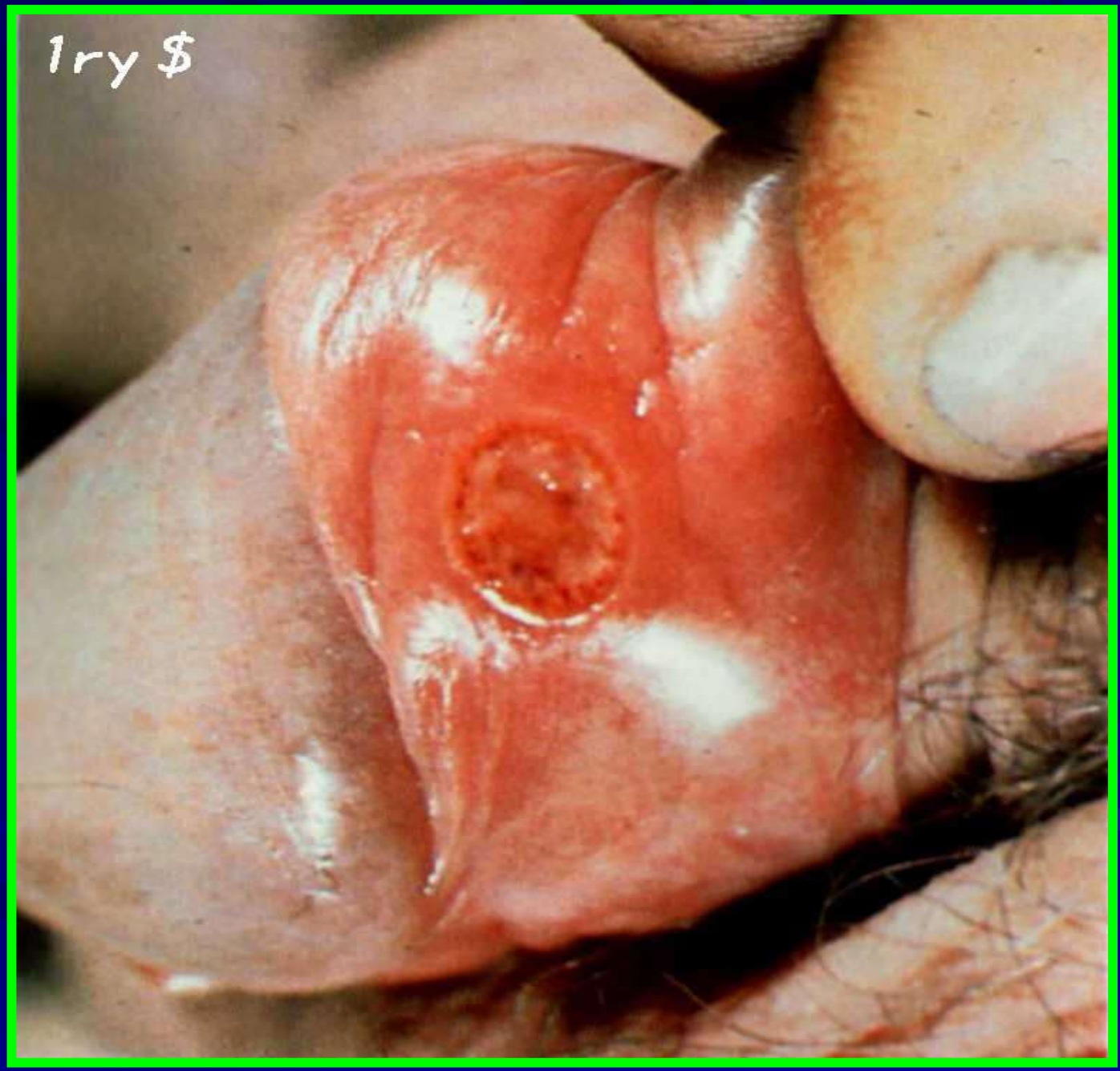
*** Fate :** slow healing without ttt in about 2 ms with a thin scar

*** Diagnosis:** - Clinical picture

- Dark ground test

- Serological test

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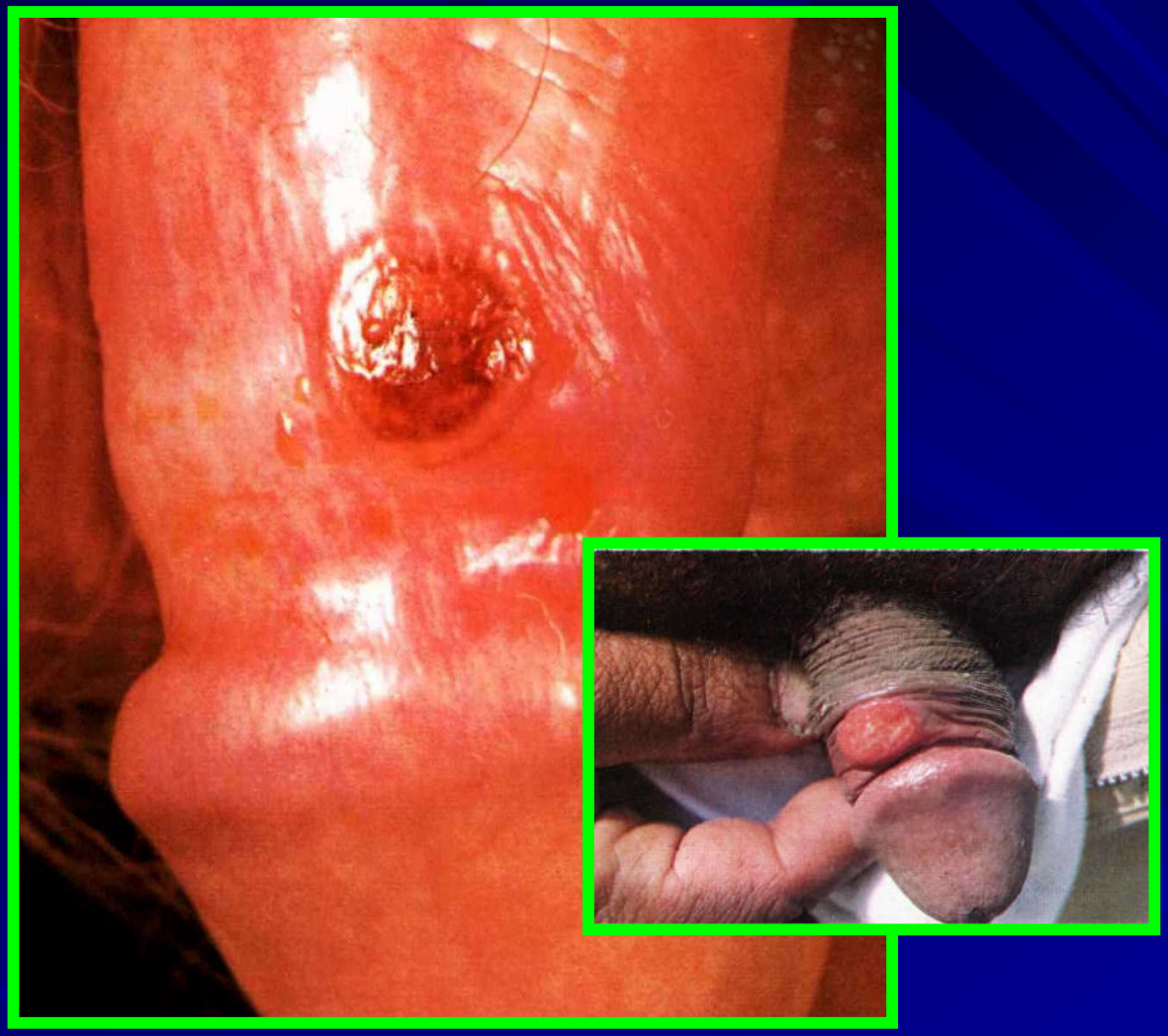

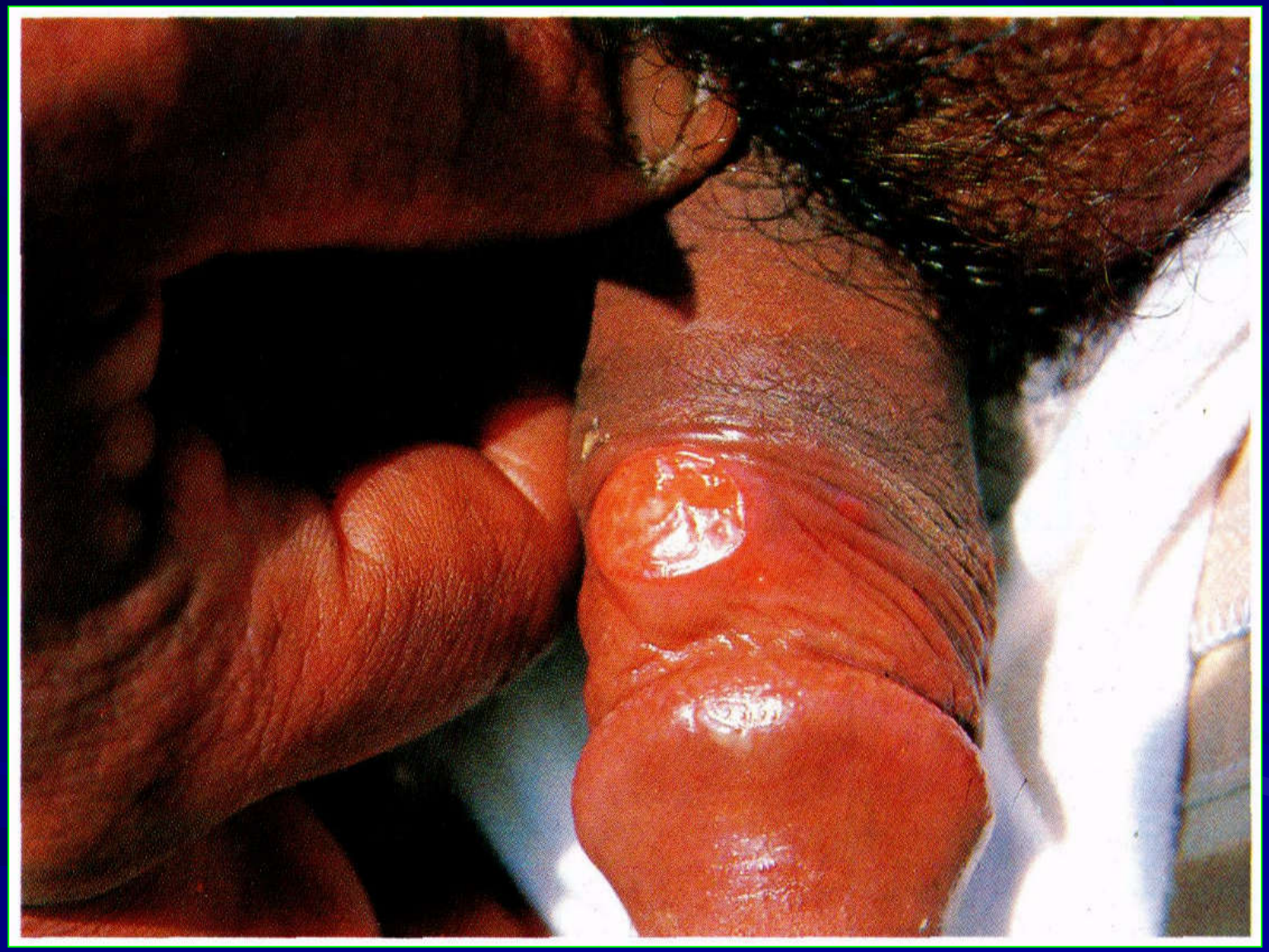

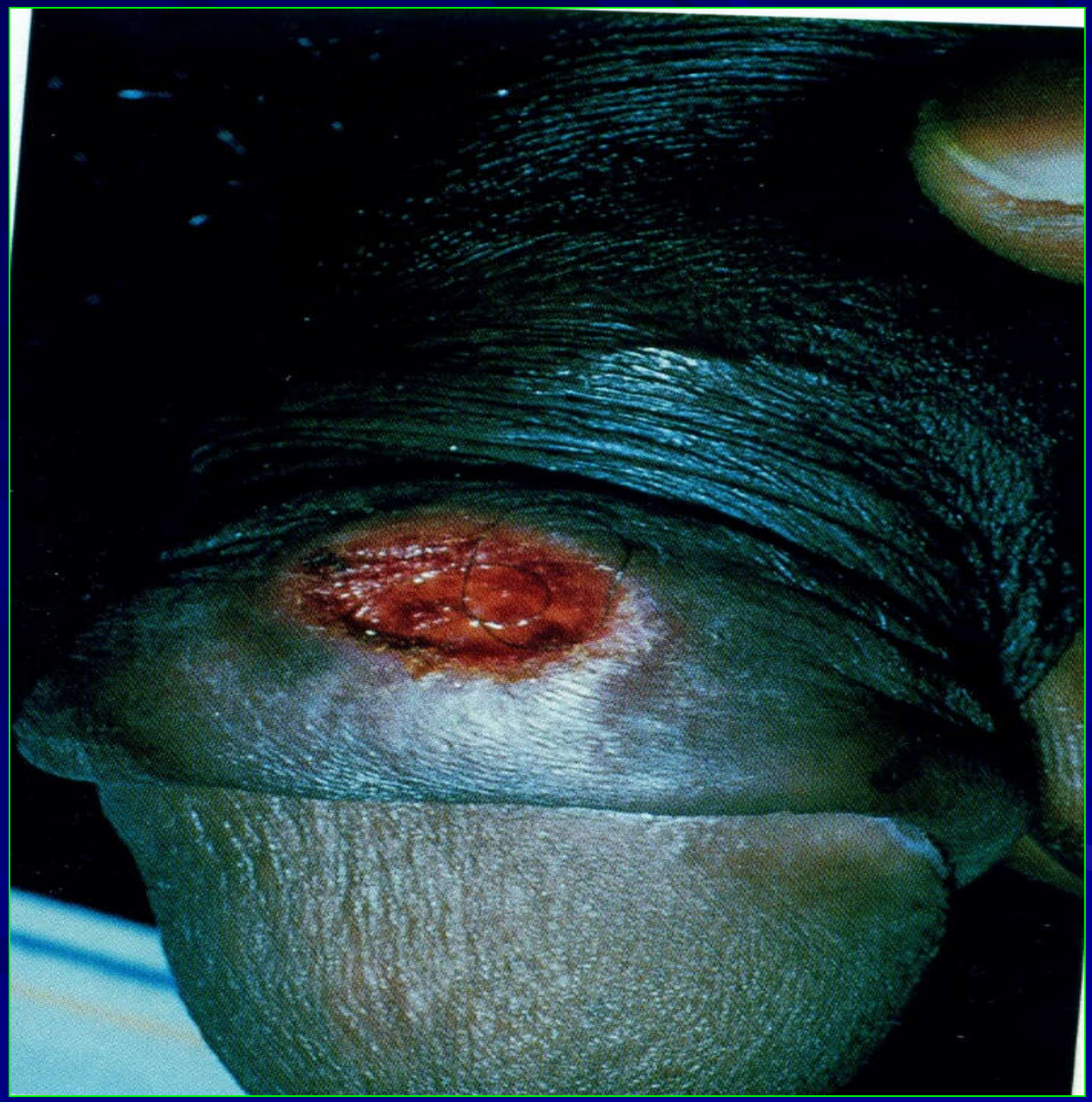

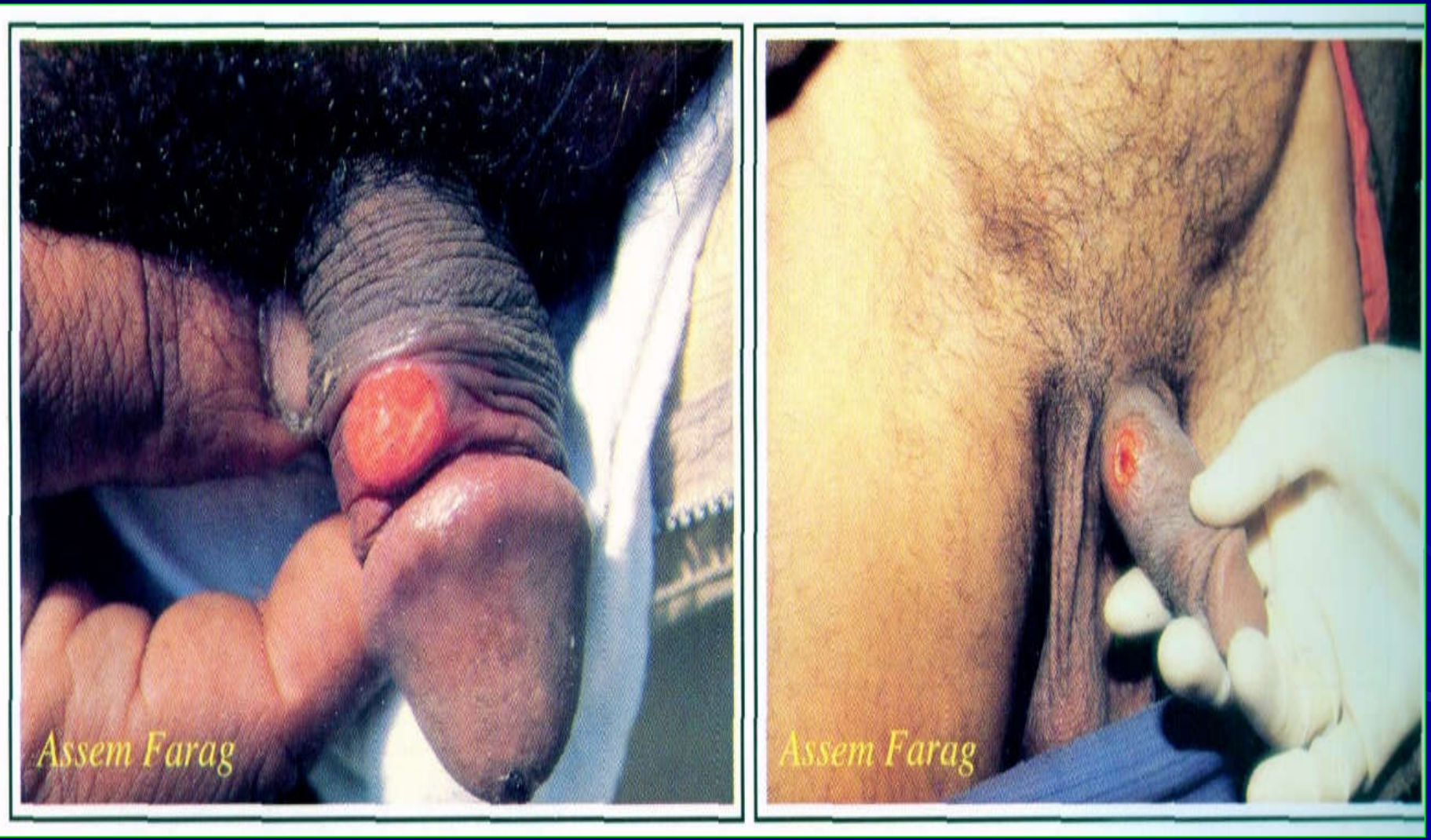
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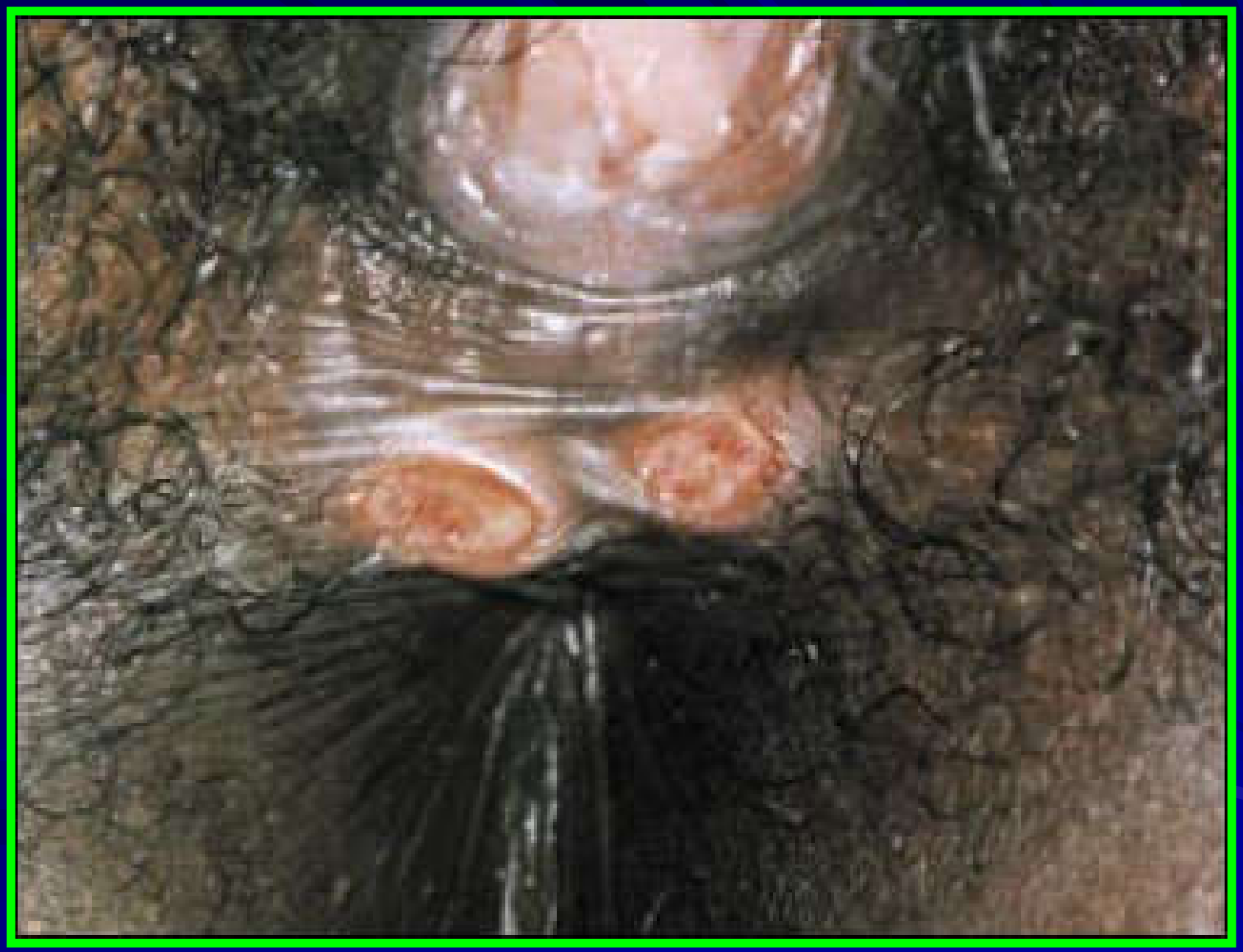
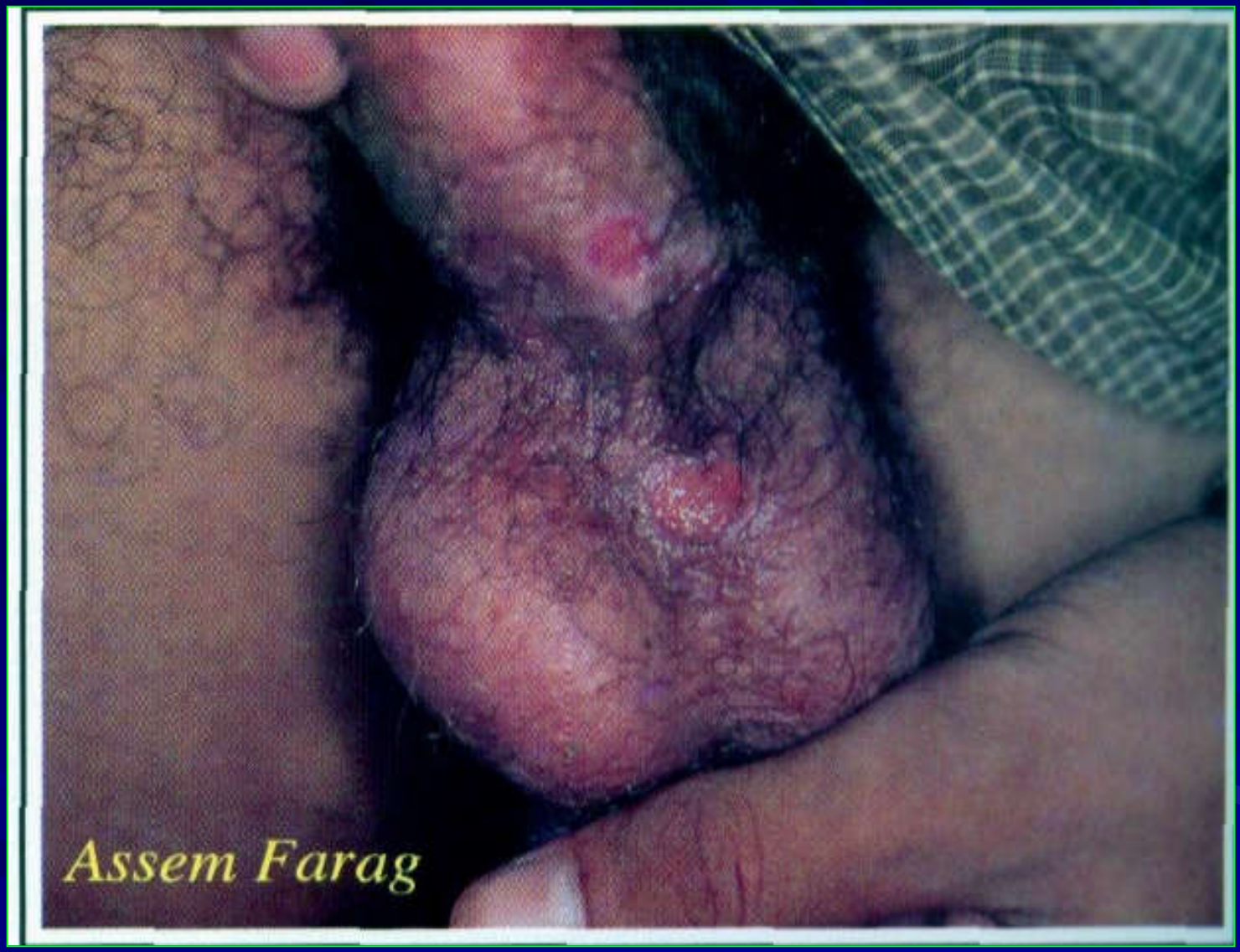


Kissing chancre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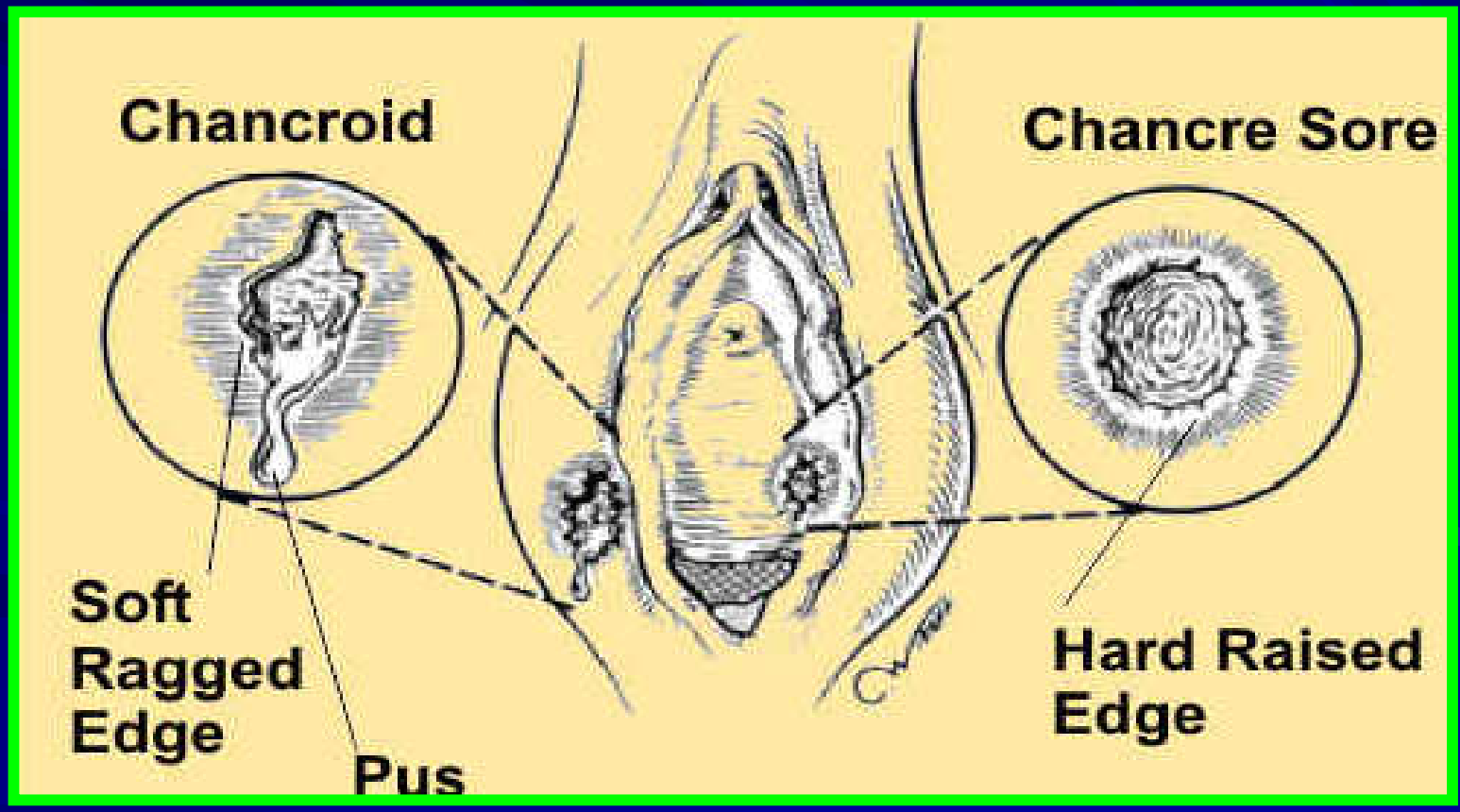
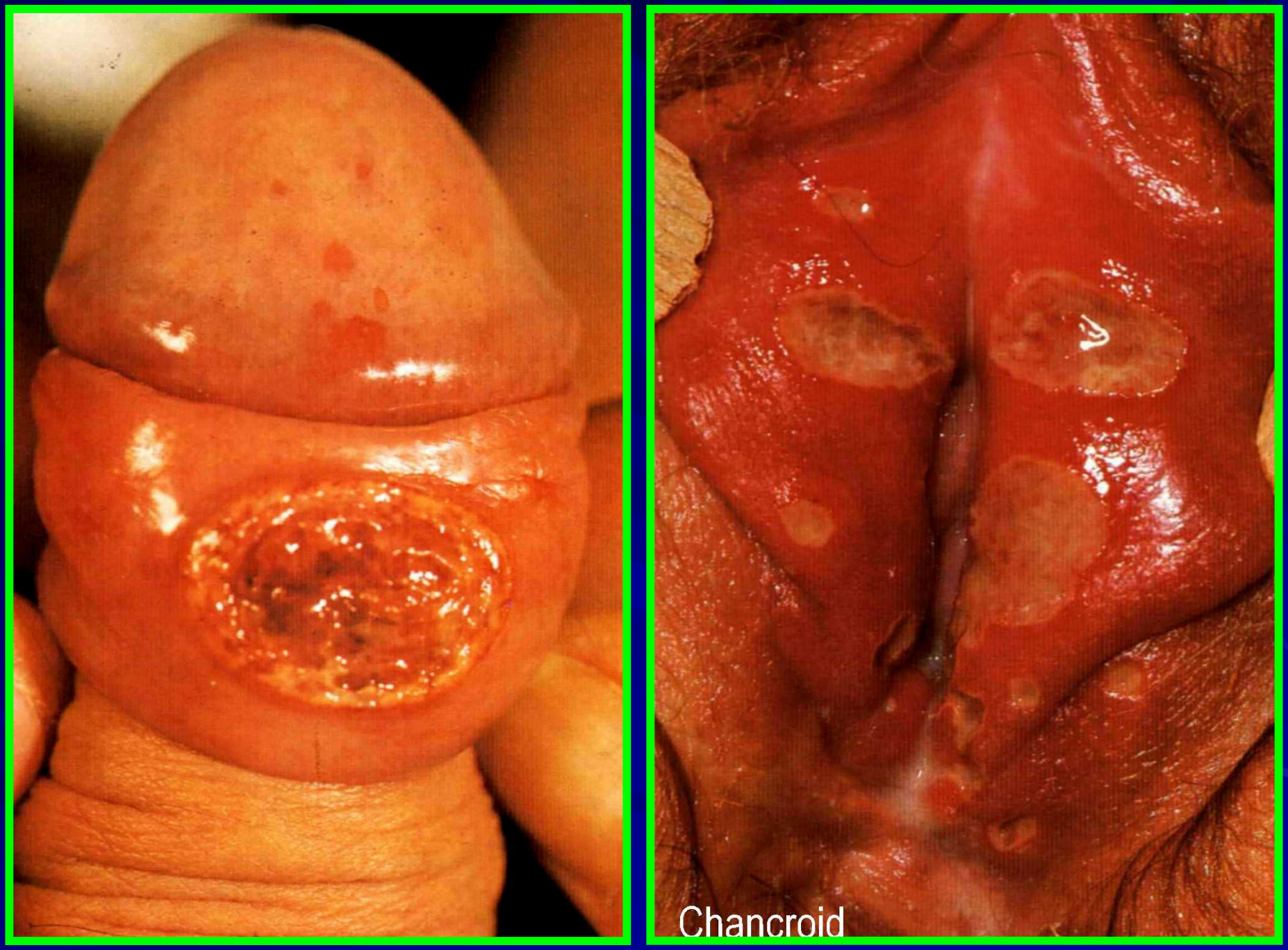
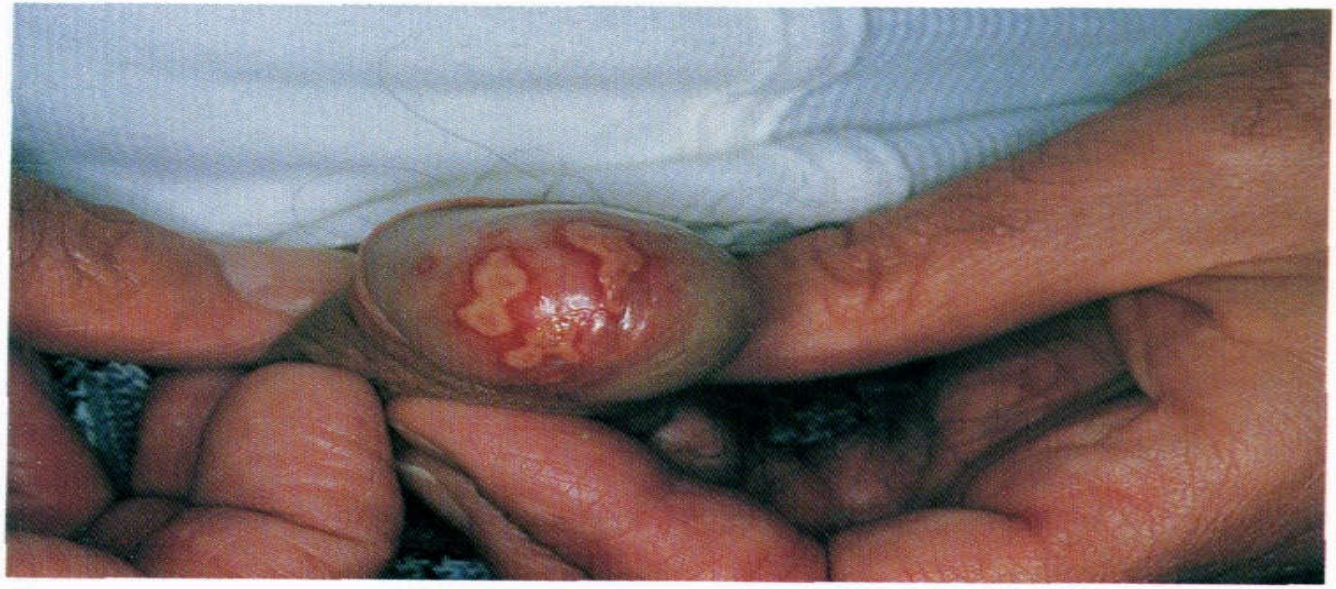
* Differential diagnosis:

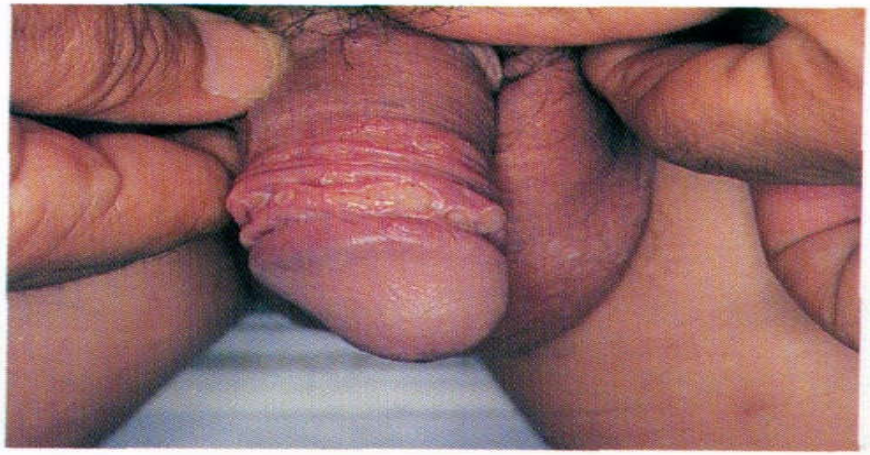
1) Chancroid: multiple, soft, painful ulcers which bleeds easily, L N are enlarged matted painful and may suppurate




Chancroid



A



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A, B, Chancroid.

2) Lymphogranuloma venereum (the lesion is transient and disappear rapidly, L N are enlarged tender matted and may suppurate forming multiple sinuses and fistulae)

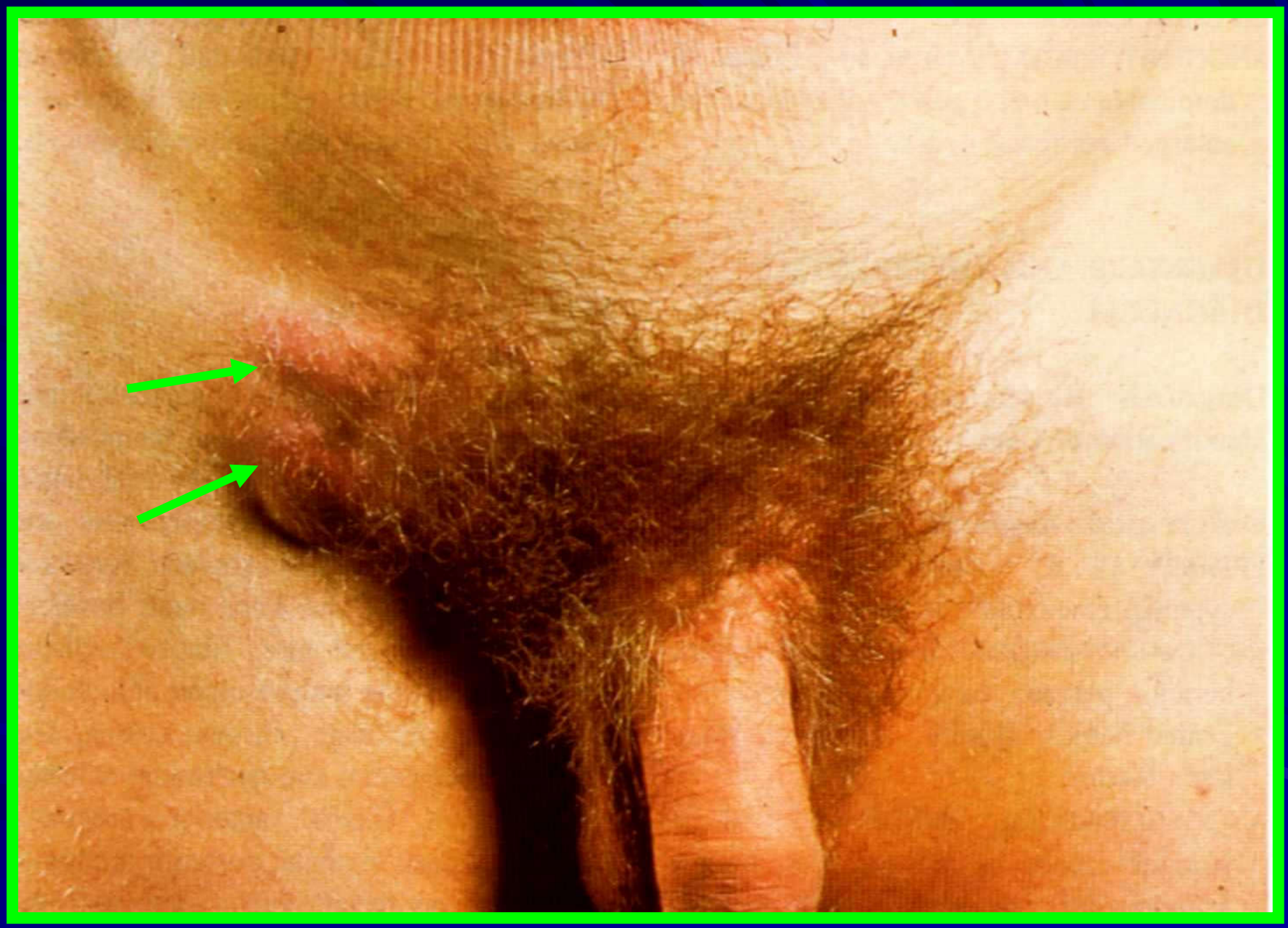
3) Genital herpes (recurrent shallow painful ulcers)

4) Traumatic ulcer

5) Pyogenic ulcer

6) Behcet's disease

7) Malignant ulcer



Lymphogranuloma venereum

Secondary Syphilis

* Manifestations:

1) Skin rash (asymptomatic, generalized, bilateral, symmetrical, polymorphic and never vesiculate)

2) Mucous patches (lips, tongue, pharynx, urethra, or vagina) snail track ulcer

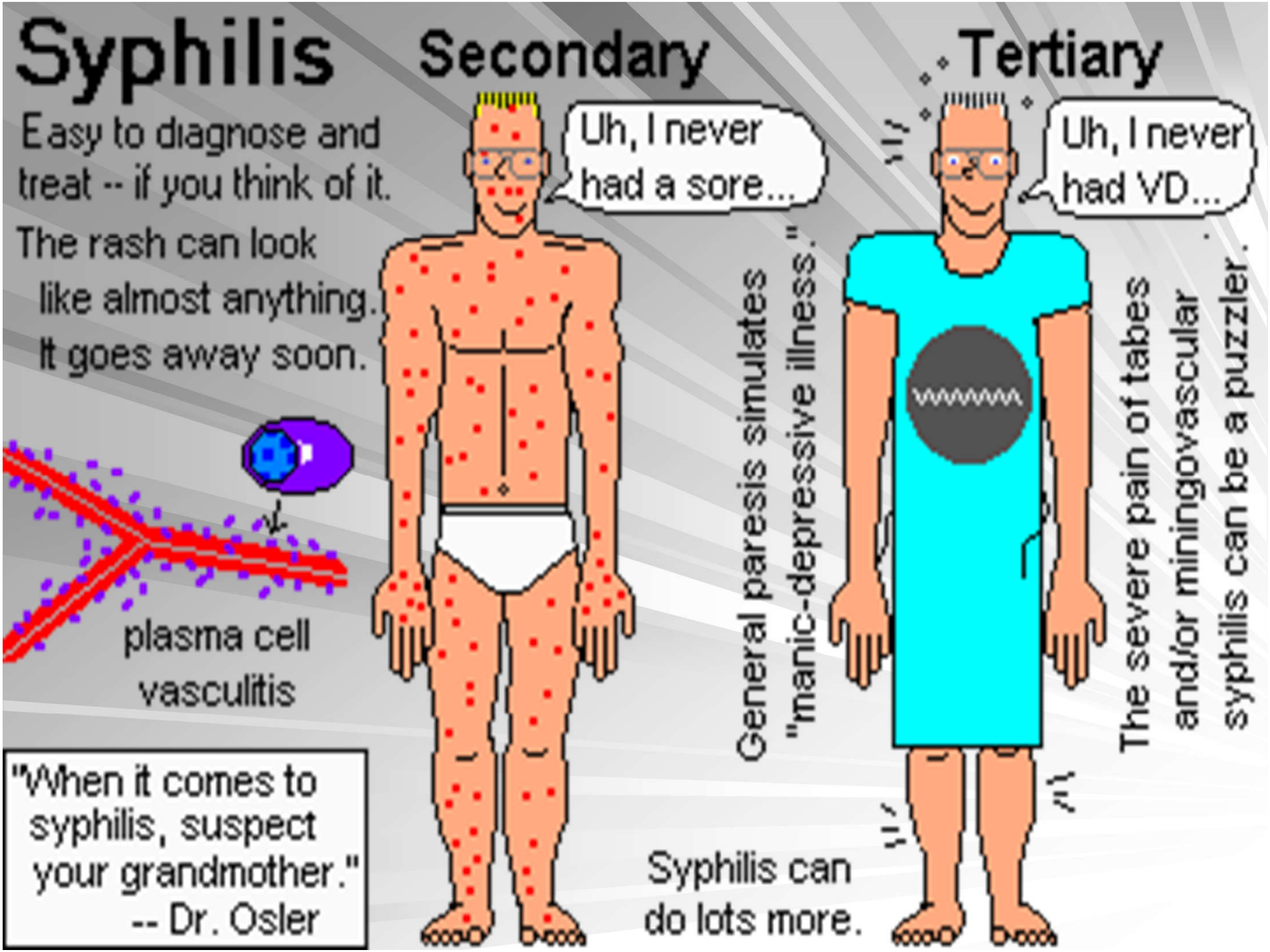
3) Condylomata lata hypertrophic papule in moist areas, sessile with flat moist surface that do not bleed easily

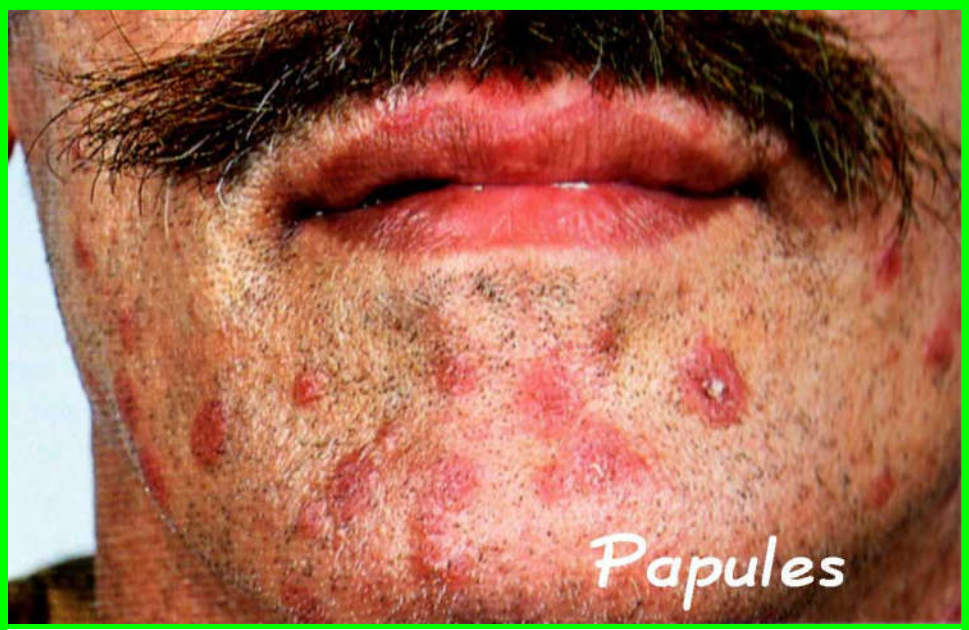
4) Generalized lymphadenopathy (enlarged, firm discrete, rubbery firm and not tender)

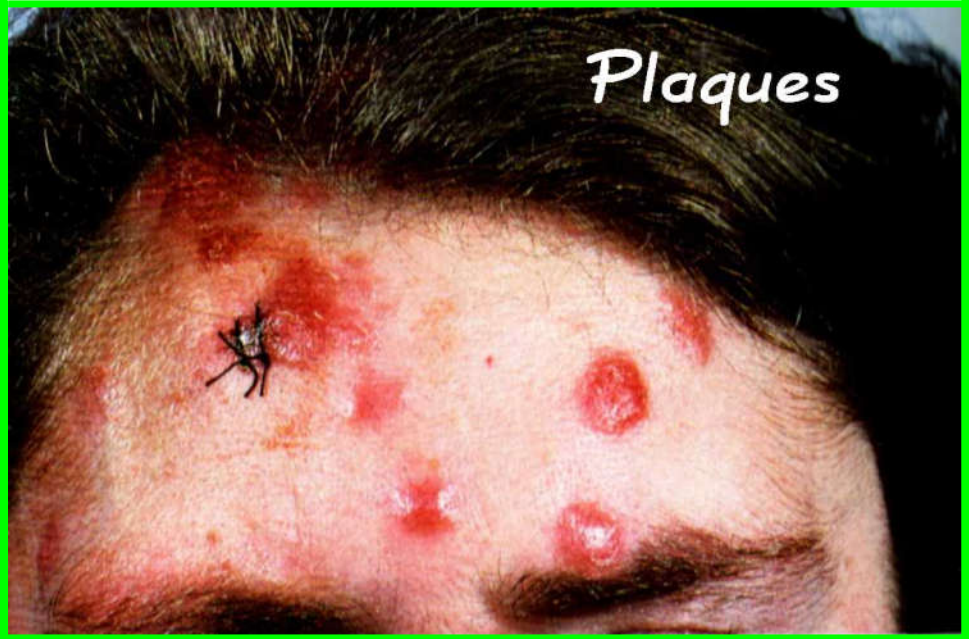
5) Less common manifestations

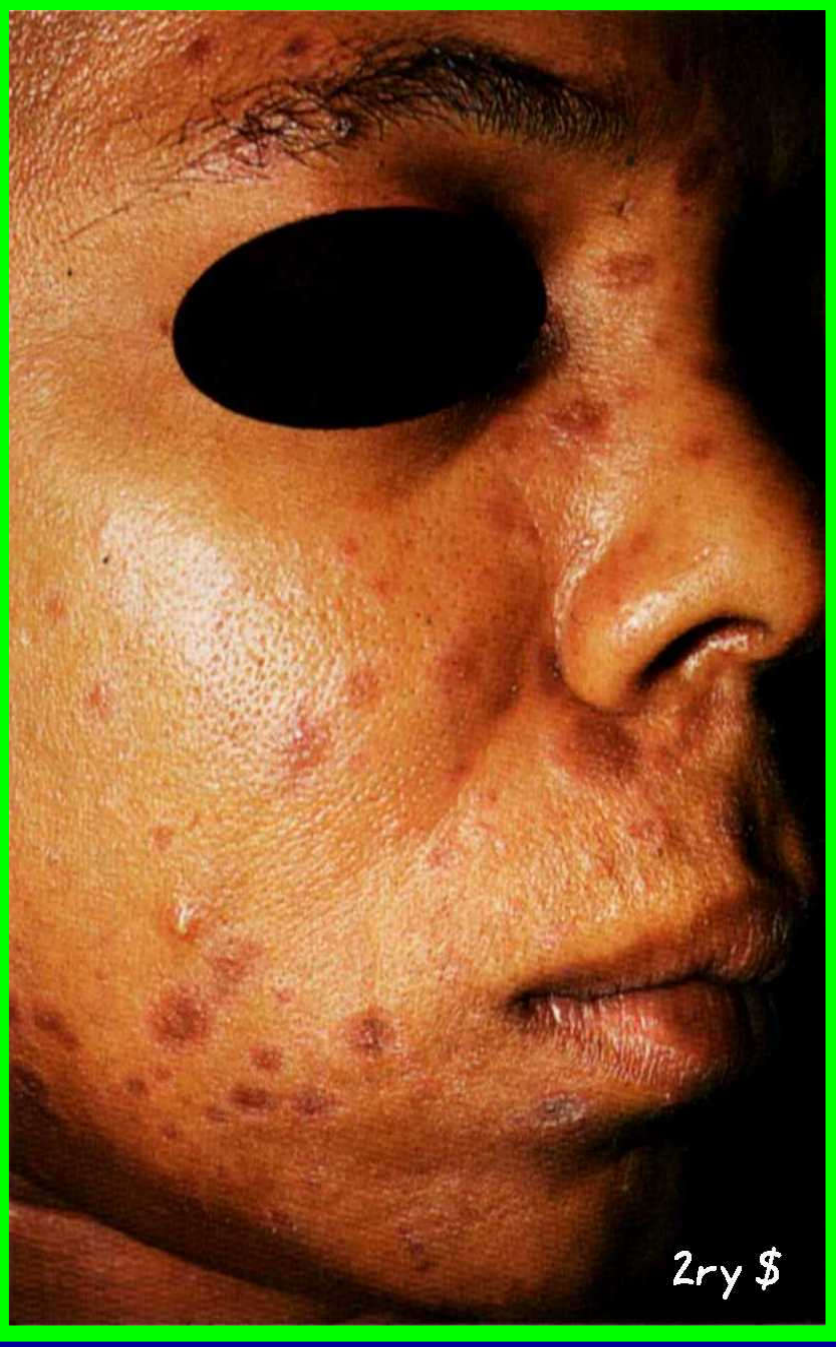
*** Diagnosis:**

* Clinical picture
* Dark ground test
* Serological test


Syphilis
Easy to diagnose and treat -- if you think of it.
The rash can look like almost anything.
It goes away soon.
plasma cell vasculitis
"When it comes to syphilis, suspect your grandmother."
-- Dr. Osler
Secondary
Uh, I never had a sore...
Tertiary
Uh, I never had VD...
General paresis simulates "manic-depressive illness."
The severe pain of tabes and/or miningovascular syphilis can be a puzzler.
Syphilis can do lots more.


Papules


Plaques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