Syphilis- The Great Pretender: Cases of early syphilis presenting outside the GU setting

Dr C Brookings Consultant Sexual Health
Lincolnshire Sexual Health
STIs: Why is syphilis on the rise?

10 June 2018
Cases
Case 1
Ophthalmology

• Hx
  • 64 year old male
  • Lorry driver
  • 6 day Hx sudden onset reduced vision L eye
  • No associated headaches, flashes or PHx trauma
  • Newly diagnosed type II diabetes

• Examination
  • Visual acuity
    • 0.1 right
    • Count fingers at 1m left
  • Normal fundi
  • No palpable nodes
Case 1

• Diagnosis
  • Likely L retro bulbar neuritis

• Management
  • Bloods FBC/ESR/CRP
    • Hb 10.8  WBC 3.4 Plts 117
  • MRI head and orbits
  • Inform DVLA
  • Review 3/12
Case 1
Gastroenterology

• History
  • loss of weight
  • Rash
  • Abnormal bloods

• Examination
  • Rash
  • Splenomegaly
  • Generalised lymphadenopathy

• Differential Diagnosis
  • Infection
  • Autoimmune
  • Lymphoma
Case 1

- HIV negative
- Syphilis
  - EIA positive
  - TPPA positive
  - RPR 1/128
Case 1
GU clinic

• Attends with RFP
• Hx
  • 2/12 CMP UPOI
  • Presumptive diagnosis of neurosyphilis
• Admitted to Lincoln County Hospital
  • CT head
  • LP
  • Oral prednisolone
  • 17 days IV benzyl penicillin 4 hourly
Case 1

• CSF
  • WBC 2
  • RBC 78
  • RPR positive neat (serum >1/512)
  • TPPA 1:320
  • Protein 512mg/L (150-400)
  • Glucose 5.1 (serum 7.8)

• Follow up
  • Visual acuity resolved
  • HGV licence
Case 2
GP /Urology

• 27 year old heterosexual male from Eastern Europe
• Swollen sore foreskin
• Non healing ulcer
• Treated with multiple courses of antibiotics
• Referred to Urology
• Booked for circumcision
• Review in theatre
  • ? syphilis
Case 2
Histology

- Swollen endothelial cells
- Lymphocytes
- Plasma cells
Case 2
GU clinic

• RFP 1 year
• Denied any other partners
• Bloods
  • EIA +ve
    • IgG +ve
    • IgM +ve
  • TPPA +ve
  • VDRL 1:64
  • HIV negative
• Treated benzathine penicillin
Case 3
GP

• 32 year old

• Hx
  • Headaches
  • Hearing issues/tinnitus
  • Mental fogginess
  • Rash
  • Diagnosed syphilis on bloods
    • RPR 1 in 16
Case 3
GU clinic

• Sexual History
  • LSI 2/12 CMP
  • PSI 5/12 CMP
  • 6 CMP last 12 months

• Examination
  • Sores in mouth
  • 1cm x 1cm painless sore vulva
  • Healing rash palms and soles
  • No neurology
Case 3

- Admitted to LCH
  - CT/LP
  - Neuro syphilis treatment
- LP
  - TPPA negative
  - RPR negative
  - Protein
  - WBC <1
  - RBC <1
- Bloods
  - RPR negative at 6/12
Case 4
GP

• 39 year old white British female

• Hx
  • Soreness in the anal area
    • Rx piles
  • Rash non specifically unwell 3/52
    • Rx viral infection
• Ongoing soreness
  • O/E multiple painful ulcers
  • Treated ACV
  • Advised self referral to GU ?HSV
Case 4
GU clinic

• Sexual history
  • LSI 2/12 CMP
  • 3 CMP last 6/12
  • Ex RMP 15 years

• Examination
  • Sores on tongue
  • Bilateral inguinal lymphadenopathy
  • Rash on torso and hands
  • Shallow well demarcated multiple round sores labia minora and majora
  • Excoriation and anal sores
Case 4

• Treated as presumptive secondary syphilis
• Syphilis bloods
  • EIA +ve
  • TPPA +ve
  • RPR 1 in 16
• HIV negative
• 6/12
  • RPR -ve
Case 5
GU clinic

• Referred for a screen by GP for PV bleeding
• RMP 3/12
• PSI ex RMP 6/12
• Syphilis bloods
  • EIA +ve
  • TPPA +ve
  • RPR negative
Case 5

• April 2018
  • Rash
  • Mouth ulcers
  • ENT review
What are the issues?
What have we done?
Do our patients perceive themselves to be at risk?

Syphilis is not history

Historical figures who had syphilis are gone, but syphilis lives on.

Find out which STI cases have more than doubled across Lincolnshire in just ONE year

Syphilis shock as cases more than double in Lincolnshire

Lincolnshire syphilis shocker

By Darren Greenwood
darren.greenwood@liffepublishing.co.uk
Published: 14:18, 02 November 2018
Updated: 14:19, 02 November 2018
Public Health England has issued a warning about sexually transmitted diseases, claiming the number of syphilis cases in Lincolnshire have more than doubled.

No numbers are given locally, but the agency says the county cases are clustered around Lincoln.

Public Health England is issuing specific public health advice to Lincolnshire residents on the matter following its release of figures for sexually transmitted diseases in 2017, and compared them with previous years.

Tony McGinity, Consultant in Public Health at Lincolnshire County Council, said:

"We know historically, the majority of Syphilis cases were seen amongst males; particularly men who have sex with men (MSM). But since 2016 there has been an increase in the number and proportion of heterosexual males and females.

"This is happening sporadically across Lincolnshire with most cases being clustered around Lincoln city, and we want to try and prevent the problem getting bigger.

"We want to reach out to both men and women in long-term heterosexual relationships who’ve recently started having sexual contact with other partners.

"Our sexual health clinics offer testing, advice and sympathetic support for men and women – and their partners – in this very sensitive position."

Further information on syphilis is available on NHS Choices - https://www.nhs.uk/conditions/syphilis/
Do our clinical colleagues know about Syphilis?

• Communication
  • Bulletin to Primary Care/Urgent Care from Lincolnshire County Council
  • Letter to Hospital Consultants
  • Email to Clinical staff
  • Email referral pathway for clinicians

• Education
  • Grand round
  • F1/F2 teaching
  • GP training day
Do we test enough for Syphilis?

- Routine screening in low risk asymptomatic clients
Do we test enough for Syphilis?

- Routine screening in low risk asymptomatic clients
- Opt out of blood tests
- Follow up HSV negative tests
- Syphilis PCR
Thoughts for the day.....

• Undiagnosed reservoir
• Reduction in antibiotic use
• Looking into the future
Burgers, Bars and Benzathine: Local Syphilis for Local People

Dr Claire Brookings & Dr Sandya Wellwood, Lincolnshire Integrated Sexual Health; Srilaxmi Degala, National Infection Service, Public Health England
Question Time