



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

DIAGNOSTIC ERRORS IN SYPHILIS

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Background: Syphilis is a sexually transmitted disease that is responsible for approximately 10 to 12 million new infections each year. The manifestations in syphilis vary from typical (chancre) to proteiform lesions with multisystemic involvement (cutaneous, skeletal, neuropsychical, cardiac, etc.), which may be misdiagnosed.

Observation: Case 1. Man, 44-year-old, with a 6-month left knee joint tumefaction for which the radio-imaging investigations have raised the suspicion of sarcoma. The articular puncture revealed negative bacterial cultures and cytology without atypical cells. The routine syphilis tests establish the diagnosis of syphilis. The positive cerebrospinal fluid serologic tests for treponema pallidum infection and imaging re-evaluation of bone lesions are reinterpreted as tertiary stage syphilis, with neurological and bone involvement. Case 2. A 50-year-old patient, with a history of diabetes and gastric cancer, was investigated for 2 months for generalized micropoliadenopathy, weight loss, and disseminated erythematous-purpuric rash. In the last week, erosive stomatitis, perianal, genital ulcerations and photophobia is added to the clinical picture. Parvovirus B19 viral infection, connective tissue disorders, Still's disease and Bechet's disease were suspected, for which antibiotic, corticosteroid and colchicine therapy are initiated. The completion of investigations with syphilis and hepatitis tests establishes the diagnosis of secondary syphilis and hepatitis C virus, the patient being directed to our clinic. Case 3. Patient, 19-years-old, hematologically investigated for persistent micropoliadenopathy, for which complex tests (including CT and bone marrow biopsy) were performed, was transferred to our clinic after detecting positive syphilis tests. At admission the features corresponded to secondary syphilis (dysphonia, micropoliadenopathy, infiltrated erythematous papules of the gland).

Key message: Syphilis is a multifaceted condition, sometimes with misleading clinical aspects, that may cause diagnostic errors. In our cases, syphilis was mistakenly interpreted as bone sarcoma, Bechet's disease and lymphoma, delaying the initiation of specific therapy and wasting important financial resources.

