ABSTRACT BOOK ABSTRACTS



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SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

## NEUROSYPHILIS WITH OCULAR MANIFESTATION IN HIV-INFECTED PATIENT

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Background: Neurosyphilis is a condition when Treponema pallidum invade the central nervous system. The diagnosis of neurosyphilis is often initially suspected based on clinical findings coupled with positive serologic tests and can be confirmed through lumbal puncture. The presence of syphilis increases the likelihood of acquisition of HIV and may be associated with increases in HIV viral load and decreases in the CD4 count in coinfected patients.

Observation: A 39-year old Balinese man complained blurry vision since 2 months before admission. Patient also complained redness and pain on both eyes. There was also light sensitivity on both eyes. Patient was diagnosed with HIV stage IV. The serologic treponemal tests was done with reactive result. The lumbar puncture was also done with reactive result for both VDRL and TPHA. The patient was then treated with 7,2 million units benzathyn penicillin G in three weekly divided doses and one week later continued with 2,4 million units penicillin G procaine combined with 500 milligrams oral probenecid for 10 consecutive days. One month later the serologic tests showed titer decrease and planned to do lumbar puncture 6 months after the last initiation of antibiotics.

Key message: Nowadays syphilis and HIV go hand in hand, as they affect similar subgroups. Diagnosis of syphilis, and even more so diagnosis of neurosyphilis, is especially complex in coinfected patients. To better ensure adequate antibiotic levels in the CNS, the recommended regimen of the CDC for the treatment of neurosyphilis is aqueous penicillin G administered as continuous infusion, for 10–14 days. An alternative regimen in compliant patients is procaine penicillin plus probenecide for 10–14 days. These recommendations are based on the ability of such regimens to achieve sufficient penicillin concentrations in the CSF.



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