



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

OTOLARYNGOLOGICAL MANIFESTATIONS OF NEUROSYPHILIS IN PATIENTS WITH HIV-INFECTION

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Ocular lesions are common in HIV-infected patients with neurosyphilis and associated with more severe or diffuse forms of ocular inflammation such as panuveitis (Lee S.Y., et al., 2015; Tucker J.D., et al., 2011). Data on otolaryngological manifestations of neurosyphilis in patients with HIV are lack.

Aim of study was to estimate the frequency, structure and diagnostic significance of otolaryngological manifestations of neurosyphilis in HIV-infected patients.

Material and methods: Otolaryngological manifestations were estimated in 93 patients with neurosyphilis, 45 of whom were HIV-infected (study group). The diagnosis of neurosyphilis was made on the basis of clinical data (neurological symptoms), blood and cerebrospinal fluid (CSF) serological examination, as well as CSF clinical and biochemical study. The sensitivity (SE), specificity (SP) and likelihood ratio (LR) of otolaryngological manifestations of syphilis in HIV-infected patients were studied.

Results: Neurological symptoms in patients with neurosyphilis were equally common in both groups (42.2% in the study group and 44.7% in the control group). The disease was asymptomatic in 57.8% and 55.3%, respectively.

Specific ocular lesions and otolaryngological manifestations were diagnosed more reliably than in the control group (24.4% and 17.5%, respectively, versus 4.44%; $\chi^2 = 21.459$, $p < 0,001$ and $\chi^2 = 13.485$, $p < 0,001$). Sensitivity of otolaryngological manifestations for HIV infection in patients with neurosyphilis was 1, specificity 0.56 and likelihood ratio 2.3. Specific angina (30.7%), other unspecified symptoms (46.10%) dominated in the structure of otolaryngological manifestations of neurosyphilis in HIV-infected patients. Decreased bone conduction (15.3%) and hearing loss (7.6%) were diagnosed less frequently.

Two patients of study group had a combination of ocular and otolaryngological manifestations of neurosyphilis. Specific angina combined with panuveitis in one patient and with papillitis in another patient.





Otorhinolaryngological symptoms, along with ocular lesions, are distinctive manifestations of neurosyphilis in patients with HIV infection.

