SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

SYPHILITIC HEPATITIS: ALWAYS ASSOCIATED WITH HIV?

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Introduction: Numbers of syphilis infections are growing worldwide, especially among MSM. Syphilitic hepatitis (SH) is rare and should be recalled.

Results: A 36-year-old healthy man presented for non-pruriginous skin rash. On examination he presented a discrete jaundice with palpable hepatomegaly, a discrete rash of the trunk and limbs with penile lesions of chancroid appearance. His sexual history was rich in unprotected oro-genital intercourses with male partners in Lebanon and abroad (frequent traveller). He had not have sex with penetration in the last 2 years. His latest STD tests were negative in 2010. A blood test showed elevated transaminases (SGPT 878), alkaline phosphatase 1949, GammaGT 1618, VDRL 21, the remainder of the assessment was normal (hepatic autoimmune assessment). The patient was treated with benzathyl penicillin 2.4 (3 injections spaced a week each). Two months later, clinical picture and liver function disturbances turned to normal and VDRL at month 18th was in favor of a total cure.

Conclusion: The association of syphilis-hepatitis is known but very rare. With the era of HIV, SH has been evoked by small series as almost always occurring in MSM co-infected with HIV. Jung et al. described a combination of HIV-syphilis in MSM in 6.25%. This co-infection would be responsible for SH array in 19% of cases. SH could appear at 2 stages of syphilis either in secondary or tertiary syphilis. Diagnostic criteria according are higher alkaline phosphatase compared to transaminases; absence of other reasons infectious/autoimmune/drug; normalization of liver function after syphilis treatment.

The key diagnostic element remains the liver biopsy.

The originality of this case lies in the hepatic involvement following a treponemal infection in the context of secondary syphilis in a patient who is HIV-negative. Alkaline phosphatase is of value in such cases.