

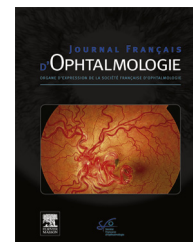


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ORIGINAL ARTICLE

# Optic neuropathy secondary to syphilis in an HIV negative patient



*Neuropathie optique d'origine syphilitique chez un patient séronégatif pour le VIH*

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## KEYWORDS

Optic neuropathy;  
Syphilis;  
Immunocompetent;  
HIV negative;  
Ocular inflammation

**Summary** Ocular syphilis is a resurgent clinical condition due to unsafe sexual practices. It has been reported in both immunocompromised and immunocompetent patients, but in HIV positive patients, it is more likely to exhibit a more aggressive course and adopt atypical clinical patterns such as optic nerve involvement. Herein we report an atypical case of optic neuritis secondary to syphilis in an HIV negative patient. This case highlights the importance of considering syphilis in the differential diagnosis of ocular inflammation and of obtaining HIV serology, since both diseases share common risk factors.

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## MOTS CLÉS

Neuropathie optique ;  
Syphilis ;

**Résumé** L'atteinte oculaire de la syphilis est une manifestation renaissante due à la diffusion de pratiques sexuelles à risque. Des cas ont été rapportés aussi bien chez des patients immunocompétents qu'immunodéprimés. Chez les individus VIH-positifs, la maladie a tendance à suivre

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Immunocompétent ;  
Séronégatif VIH ;  
Inflammation oculaire

un cours plus agressif et à adopter des formes atypiques telles que la lésion du nerf optique. Nous présentons un cas de neuropathie optique syphilitique chez un patient séronégatif pour le VIH. Ce cas tient à souligner l'importance de la syphilis pour le diagnostic différentiel de l'inflammation oculaire et rappelle la nécessité de réaliser des tests diagnostiques pour le VIH étant donné que les deux maladies possèdent des facteurs de risque communs.

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## Introduction

Syphilis is a sexual transmitted illness whose incidence is rising in developed countries [1]; since 2002 in Spain, being the main sociodemographical pattern: men, midlife and the most frequent mean of transmission is unsafe sexual practices among men who have sex with men [2]. HIV serology should be investigated in patients with ocular syphilis because both diseases have common risk factors and it is known that syphilis infection in patients coinfecting with human immunodeficiency virus has become more common and clinical features in the HIV-positive patients use to be more aggressive (increased rate of early neurological and ophthalmic involvement) [2–4].

Syphilis may present as multiple clinical entities, it can also mimic other diseases hence another name is "the great pretender" [1,4,5]. Ocular syphilis is an uncommon clinical condition: only in 3% cases of neurosyphilis ocular structures are involved, but when the eye is affected there does not exist any specific clinical pattern nor pathognomonic signs [1]. Optic nerve abnormalities in an ophthalmological examination in a patient with diagnosis

of syphilis is highly suggestive of central nervous system involvement and it should be considered as neurosyphilis for its treatment [6].

## Materials and methods

A 55-year-old man from Ecuador reported subacute visual acuity (VA) decrease in his left eye (LE) for three months. In his general medical history, no interesting findings (genital ulcers, exanthematic skin lesions) were found except for sexual risk relationships. In ophthalmological examination, he denied local pain nor with eye movements, ocular trauma, diplopia or dyschromatopsia, ocular proptosis. He did not relate fever, nor neurological or general symptoms. VA was 20/20 in right eye (RE) and 20/100 in LE. Intraocular pressure was 14 mmHg in both eyes. Anterior segment examination was normal but he showed relative afferent pupillary defect in LE. RE funduscopy was normal, but LE revealed vitritis and swelling of the left optic disc (Fig. 1). Retinal Nerve Fiber Layer Optical Coherence Tomography (OCT, Spectralis, Heidelberg Engineering, Germany) was performed and it



**Figure 1.** Left eye retinography: vitritis and swelling of the left optic disc.

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