

Syphilis- The Great Pretender: Cases of early syphilis presenting outside the GU setting

Dr C Brookings Consultant Sexual Health
Lincolnshire Sexual Health



Health

STIs: Why is syphilis is on the rise?

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Reality Check





Cases

Case 1

Ophthalmology

- Hx
 - 64 year old male
 - Lorry driver
 - 6 day Hx sudden onset reduced vision L eye
 - No associated headaches, flashes or PHx trauma
 - Newly diagnosed type II diabetes
- Examination
 - Visual acuity
 - 0.1 right
 - Count fingers at 1m left
 - Normal fundi
 - No palpable nodes

Case 1

- Diagnosis
 - Likely L retro bulbar neuritis
- Management
 - Bloods FBC/ESR/CRP
 - Hb 10.8 WBC 3.4 Plts 117
 - MRI head and orbits
 - Inform DVLA
 - Review 3/12

Case1

Gastroenterology

- History
 - loss of weight
 - Rash
 - Abnormal bloods
- Examination
 - Rash
 - Splenomegaly
 - Generalised lymphadenopathy
- Differential Diagnosis
 - Infection
 - Autoimmune
 - Lymphoma

Case 1

- HIV negative
- Syphilis
 - EIA positive
 - TPPA positive
 - RPR 1/128

Case 1

GU clinic

- Attends with RFP
- Hx
 - 2/12 CMP UPOI
 - Presumptive diagnosis of neurosyphilis
- Admitted to Lincoln County Hospital
 - CT head
 - LP
 - Oral prednisolone
 - 17 days IV benzyl penicillin 4 hourly

Case 1

- CSF
 - WBC 2
 - RBC 78
 - RPR positive neat (serum >1/512)
 - TPPA 1:320
 - Protein 512mg/L (150-400)
 - Glucose 5.1 (serum 7.8)
- Follow up
 - Visual acuity resolved
 - HGV licence

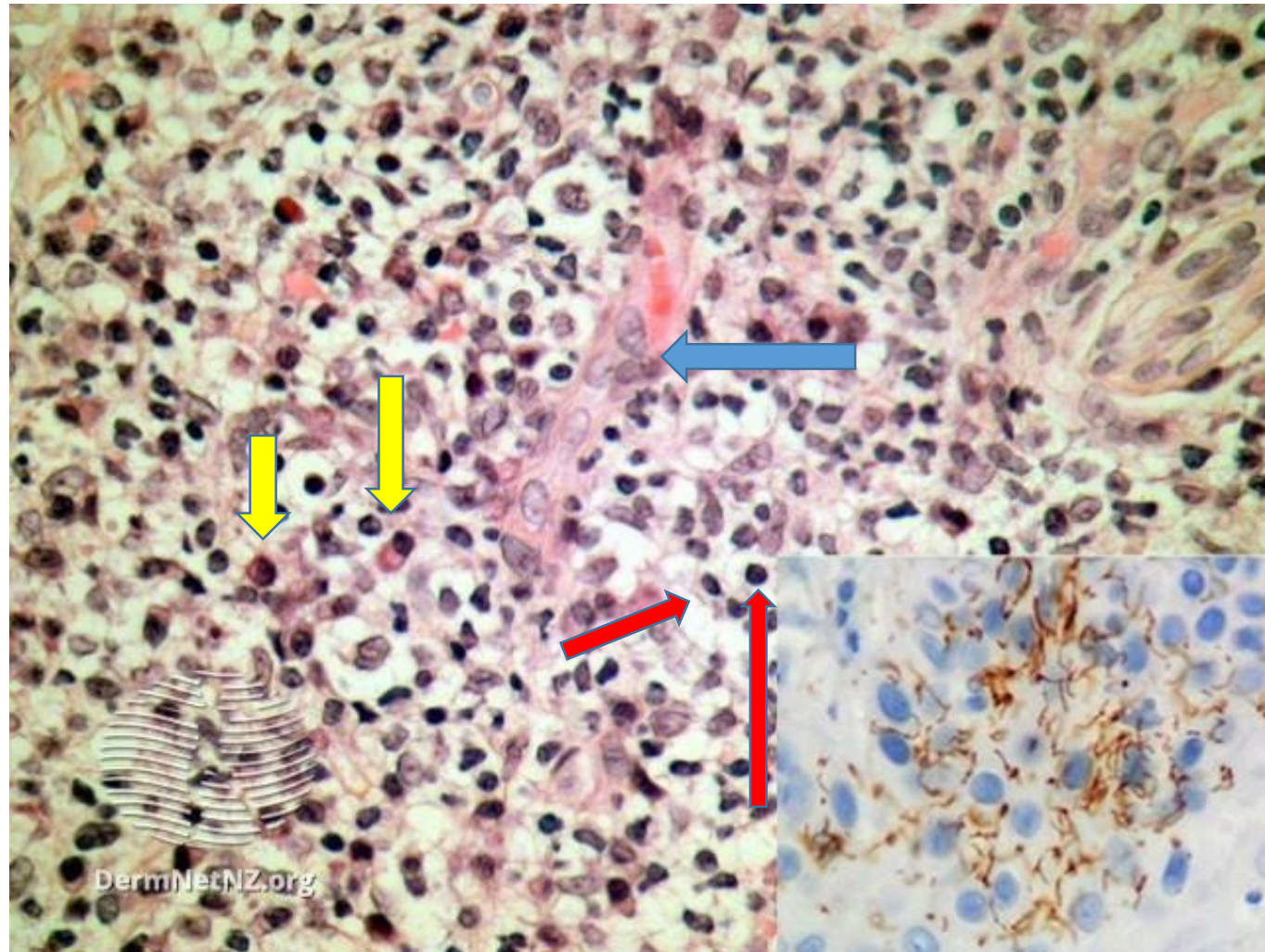
Case 2

GP /Urology

- 27 year old heterosexual male from Eastern Europe
- Swollen sore foreskin
- Non healing ulcer
- Treated with multiple courses of antibiotics
- Referred to Urology
- Booked for circumcision
- Review in theatre
 - ? syphilis

Case 2

Histology



Swollen endothelial cells



Lymphocytes



Plasma cells

Case 2

GU clinic

- RFP 1 year
- Denied any other partners
- Bloods
 - EIA +ve
 - IgG +ve
 - IgM +ve
 - TPPA +ve
 - VDRL 1:64
 - HIV negative
- Treated benzathine penicillin

Case 3

GP

- 32 year old
- Hx
 - Headaches
 - Hearing issues/tinnitus
 - Mental fogginess
 - Rash
 - Diagnosed syphilis on bloods
 - RPR 1 in 16

Case 3

GU clinic

- Sexual History
 - LSI 2/12 CMP
 - PSI 5/12 CMP
 - 6 CMP last 12 months
- Examination
 - Sores in mouth
 - 1cm x 1cm painless sore vulva
 - Healing rash palms and soles
 - No neurology

Case 3

- Admitted to LCH
 - CT/LP
 - Neuro syphilis treatment
- LP
 - TPPA negative
 - RPR negative
 - Protein
 - WBC <1
 - RBC <1
- Bloods
 - RPR negative at 6/12

Case 4

GP

- 39 year old white British female
- Hx
 - Soreness in the anal area
 - Rx piles
 - Rash non specifically unwell 3/52
 - Rx viral infection
 - Ongoing soreness
 - O/E multiple painful ulcers
 - Treated ACV
 - Advised self referral to GU ?HSV

Case 4

GU clinic

- Sexual history
 - LSI 2/12 CMP
 - 3 CMP last 6/12
 - Ex RMP 15 years
- Examination
 - Sores on tongue
 - Bilateral inguinal lymphadenopathy
 - Rash on torso and hands
 - Shallow well demarcated multiple round sores labia minora and majora
 - Excoriation and anal sores

Case 4

- Treated as presumptive secondary syphilis
- Syphilis bloods
 - EIA +ve
 - TPPA +ve
 - RPR 1 in 16
- HIV negative
- 6/12
 - RPR -ve

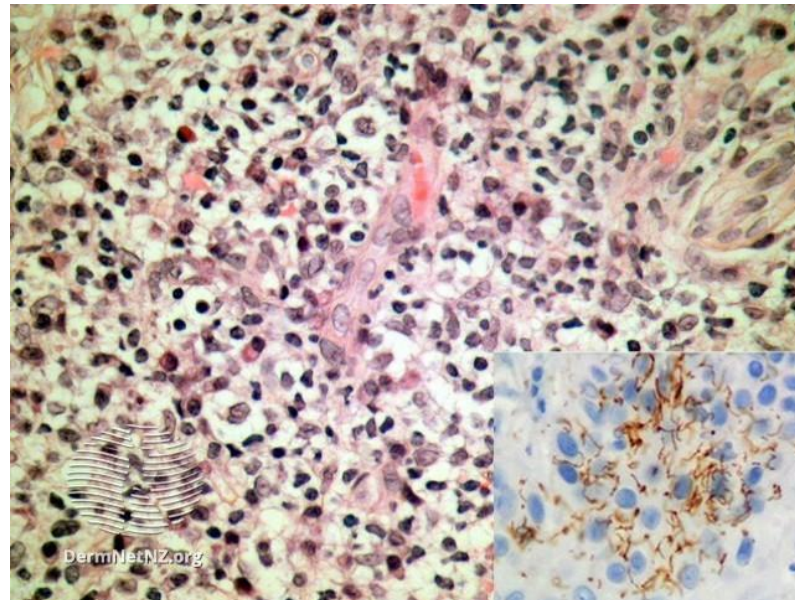
Case 5

GU clinic

- Referred for a screen by GP for PV bleeding
- RMP 3/12
- PSI ex RMP 6/12
- Syphilis bloods
 - EIA +ve
 - TPPA +ve
 - RPR negative

Case 5

- April 2018
 - Rash
 - Mouth ulcers
 - ENT review



What are the issues?
What have we done?

Do our patients perceive themselves to be at risk?

Syphilis is not history



Historical figures who had syphilis are gone, but syphilis lives on.

Reduce your risk
use condoms, protect yourself
GET TESTED NOW

A confidential, free, flexible, non-judgmental sexual health service

01522 309309

www.lincolnshiresexualhealth.nhs.uk



@LCHSexHealth



Find out which STI cases have more than doubled across Lincolnshire in just ONE year



Syphilis shock as cases more than double in Lincolnshire



GRANTHAM JOURNAL

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Lincolnshire syphilis shocker

By Darren Greenwood
darren.greenwood@iliffepublishing.co.uk

Published: 14:18, 02 November 2018
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Public Health England has issued a warning about sexually transmitted diseases, claiming the number of syphilis cases in Lincolnshire have more than doubled.

No numbers are given locally, but the agency says the county cases are clustered around Lincoln.

Public Health England is issuing specific public health advice to Lincolnshire residents on the matter following its release of figures for sexually transmitted diseases in 2017, and compared them with previous years.

Tony McGinty, Consultant in Public Health at Lincolnshire County Council, said:

"We know that historically, the majority of Syphilis cases were seen amongst males, particularly in men who have sex with men (MSM). But since 2016 there has been an increase in the number and proportion of heterosexual males and females.

"This is happening sporadically across Lincolnshire with most cases being clustered around Lincoln city, and we want to try and prevent the problem getting bigger.

"We want to reach out to both men and women in long-term heterosexual relationships who've recently started having sexual contact with other partners.

"Our sexual health clinics offer testing, advice and sympathetic support for men and women – and their partners - in this especially sensitive position."

Further information on syphilis is available on NHS Choices - <https://www.nhs.uk/conditions/syphilis/>

Do our clinical colleagues know about Syphilis?

- Communication
 - Bulletin to Primary Care/Urgent Care from Lincolnshire County Council
 - Letter to Hospital Consultants
 - Email to Clinical staff
 - Email referral pathway for clinicians
- Education
 - Grand round
 - F1/F2 teaching
 - GP training day

Do we test enough for Syphilis?

- Routine screening in low risk asymptomatic clients

Who should be tested for syphilis?
Rationalising syphilis screening in sexual
health clinics

Article (PDF Available) in [International Journal of STD & AIDS](#) 29(6):621-621 · May 2018 with
139 Reads

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Do we test enough for Syphilis?

- Routine screening in low risk asymptomatic clients
- Opt out of blood tests
- Follow up HSV negative tests
- Syphilis PCR

Thoughts for the day.....

- Undiagnosed reservoir
- Reduction in antibiotic use
- Looking into the future

Burgers, Bars and Benzathine : Local Syphilis for Local People

Dr Claire Brookings & Dr Sandya Wellwood, Lincolnshire Integrated Sexual Health; Srilaxmi Degala, National Infection Service, Public Health England



Question Time