

EARLY SPINAL SYPHILITIC GUMMA IN HIV-INFECTED PATIENT

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Background:

Rates of syphilis are rising in Australia, and consideration of syphilis co-infection is particularly important in HIV infected men who have sex with men (MSM). We present the case of a 36 year-old HIV positive man who developed symptomatic spinal syphilitic gumma within 4 months of a non-reactive rapid plasma re-antigen (RPR) test. HIV was diagnosed in 2012 and treated since 2015 with a CD4 T cell nadir of 580/ μ L, current CD4 1080/ μ L, and HIV viral load <20. He developed loss of sensation to the right side of his tongue and face followed by progressive and profound right leg weakness, erectile dysfunction, urinary retention and loss of anal tone. MRI demonstrated trigeminal nerve thickening and enhancing lesions of the spine at T10 and L3-4 cauda equina; T10 lesion was biopsied for investigation of suspected lymphoma. CNS syphilitic gumma were suspected when bloods showed a reactive RPR (1:64) and Treponema pallidum agglutination titre (TPPA>320); and confirmed on CSF (VDRL 1:32, TPPA>80 and reactive fluorescent treponemal antibody absorption test (FTA)). Immunoperoxidase staining was positive for spirochetes on biopsy. He was treated with a fourteen-day course of benzylpenicillin with marked improvement in his neurological deficit, and reduction in serum RPR to 1:16 at 6 weeks. Repeat MRI showed neuritis in the right trigeminal nerve but resolution of nerve thickening, and previously demonstrated lesions at T10 and L3/4 had resolved with minimal residual intramedullary hyperintensity at T10. Two months post treatment he had mild foot drop and facial numbness on the right, with restoration of his erectile, bladder and bowel function. This is a rare case of syphilitic gumma of the spine, which demonstrates that progression to tertiary syphilis may occur early in HIV patients, despite effective anti-retroviral treatment.