STRUCTURAL LIVER LESIONS AND MONOCULAR VISUAL LOSS SECONDARY TO SYPHILIS IN A HIV PATIENT

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A 47 year old Caucasian male presented with acute monocular visual loss and six week history of weight loss, fatigue, sweats and back pain. Past history included longstanding Human Immunodeficiency Virus (HIV) with a recent drug holiday; injecting drug use and treated hepatitis C. He had recommenced anti-retroviral therapy two months prior.

On presentation he had a desquamating rash of the palms and soles, moth-eaten patches of alopecia over the scalp and tenderness of thoracic vertebrae 4 and 5. Right visual acuity was limited to finger counting.

The patient was diagnosed with syphilis with a positive *Treponema pallidum* particle agglutination assay and rapid plasma regain (RPR) of 1:512. CD4 count was $320x10^6$/L and HIV viral load <20 copies/ml. Magnetic resonance imaging was consistent with syphilitic periosteitis of the cervical spine. Ophthalmoscopy revealed severe panuveitis consistent with ocular syphilis.

Alkaline phosphatase was abnormal on presentation at 311U/L with worsening of liver function tests (LFTs). Alanine aminotransferase and aspartate aminotransferase peaked at 171U/L and 224U/L respectively. Abdominal Computed Tomography demonstrated multiple sub-centimetre structural liver lesions. Liver biopsy demonstrated a lobular hepatitis of uncertain aetiology. There was no evidence of granulomatous inflammation, malignancy or abscess formation. Bacterial, fungal and mycobacterial cultures of liver tissue were negative. Syphilis PCR on liver tissue was negative but the clinical syndrome was most in keeping with syphilitic liver disease.

He completed 15 days of intravenous benzylpenicillin with improvement in vision, back pain and normalisation of LFTs.

Conclusion

Hepatic involvement with secondary syphilis is well recognised in the form of hepatitis however structural liver lesions are rarely reported. This case highlights the diverse manifestations of syphilis that can occur in HIV patients and the importance for clinical vigilance. All HIV positive patients should be regularly screened for syphilis to facilitate early treatment and prevent complications and transmission.