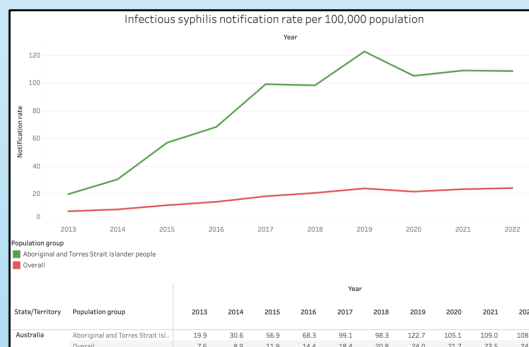
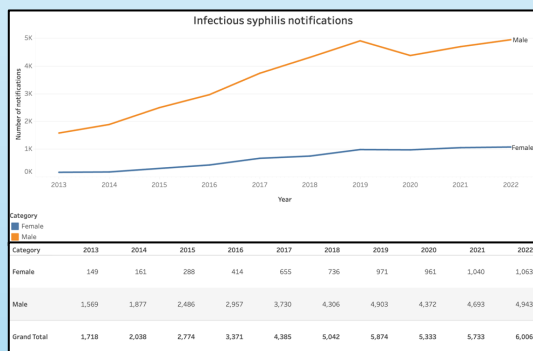


# A Case of Congenital Syphilis After Non-Reactive Screening in the Antenatal Period

Dr James Corbett

## Background

- In Australia, the rate of infectious syphilis cases amongst females has risen from 1.3 to 8.8 cases per 100 000 in the last decade
- There were 15 cases of congenital syphilis in 2022. 8 of these were in ATSI population. 5 of these cases were stillborn or neonatal deaths
- There are 5 times more cases in Aboriginal and Torres Strait Islander population



## Case:

### Antenatal History:

- 34 y/o Australian female (Caucasian background), G8P4 (3x prev CS)
- 1<sup>st</sup> child with current partner (European background), 3 children in care of previous partner
- Pregnancy diagnosed at 22 weeks with normal morphology scan
- Antenatal bloods done at 27 weeks – CMIA Syphilis: Non-reactive
- One antenatal appointment at 34 weeks
- No history of genital rash or ulcers

### Birth – Elective Caesarean at 39+4 weeks

- Birth weight: 3380g (49%), Length: 49cm, HC: 35cm (69%)
- Well at delivery. Newborn examination normal. SWISH passed. Bottle feeding, settled at time of discharge

### Presentation to Hospital

At 8 weeks of age, parents presented with decreased left upper limb movement over 4 days. Wet nappies and daily bowel motions reported.

### Examination

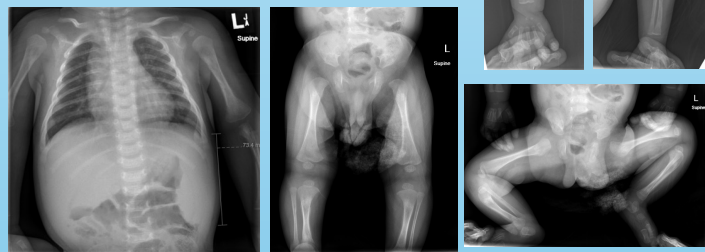
- Fever to 38.9. Trunk pale and mottled. Palms were flat on examination table and frog-leg positioning.
- Agitated with upper and lower limb palpation and movement
- Facial and cranial rash – round, 0.5mm non-erythematous crusted lesions.
- Chest, abdominal, and genital examination were normal.
- There were no syndromic features.

### Serology

- Anaemia (67 g/L), CRP 121
- Transaminitis (ALT 78, AST 75)
- VDRL positive, RPR 124

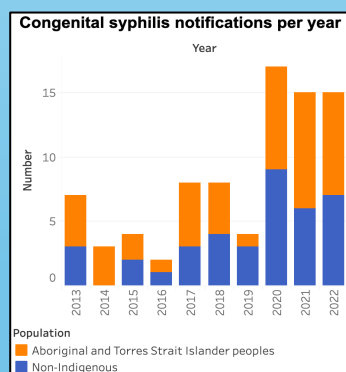
## Imaging

- Periosteal thickening and cortical lucency of the femora, tibiae, and left humerus.
- Splenomegaly seen



## Conclusion

- 2 month old with Fevers, Anaemia, Splenomegaly, Periosteal changes on X-Ray
- “Pseudoparalysis of Parrot” – unable to move limbs due to painful syphilitic periostitis
- Congenital Syphilis without serological evidence of maternal Syphilis reactivity



## Discussion

- Limited antenatal care and follow-up - Late booking in, missed appointments
- The highest risk of Fetal transmission is with maternal primary infection closer to time of delivery.
- Screening in each trimester may increase the detection of syphilis in pregnant patients.

### References:

- King, et al. (2023). *HIV, viral hepatitis and sexually transmissible infections in Australia: Annual surveillance report 2023*. Kirby Institute.
- Palasanthiran P, Starr M, Jones C, Giles M. (2022). *Management of perinatal infections*. Australian society for Infectious Diseases