

We report a case of secondary syphilis with simultaneous bilateral acute syphilitic posterior placoid chorioretinopathy and syphilitic skull periostitis.

Case report: A 45-year-old female patient presented with a rapidly progressive bilateral loss of vision and severe headache, preceded by a diffuse maculopapular rash that resolved spontaneously. Visual acuity was light perception in the right eye and 20/30 in the left eye. Ocular motility and anterior segment biomicroscopy were unremarkable. Fundoscopy highlighted a yellow-white oval placoid lesion on the posterior pole, with optic disc edema, in both eyes. Fundus autofluorescence imaging showed hyperautofluorescence, and fluorescein angiography showed early hypo and late hyperfluorescence of the lesions. OCT evidenced hyper-reflective nodularity at the level of the retinal pigment epithelium and disruptions of the ellipsoid zone. A VDRL test titration of 1:128 and a positive FTA-ABS defined the diagnosis of syphilis. Cerebrospinal fluid analysis was negative and a nuclear MRI disclosed a diffuse dural enhancement, associated with a skull lesion. In hospital, intravenous crystalline penicillin was prescribed with complete resolution of signs, symptoms and imaging findings.

Conclusion: Syphilis is a reemerging disease, called "the great imitator" due to its ubiquity and pleomorphism. High diagnostic suspicion must exist in relation to syphilis, once it can affect several organs, as in the case reported, in which eyes, bones and skin were affected.

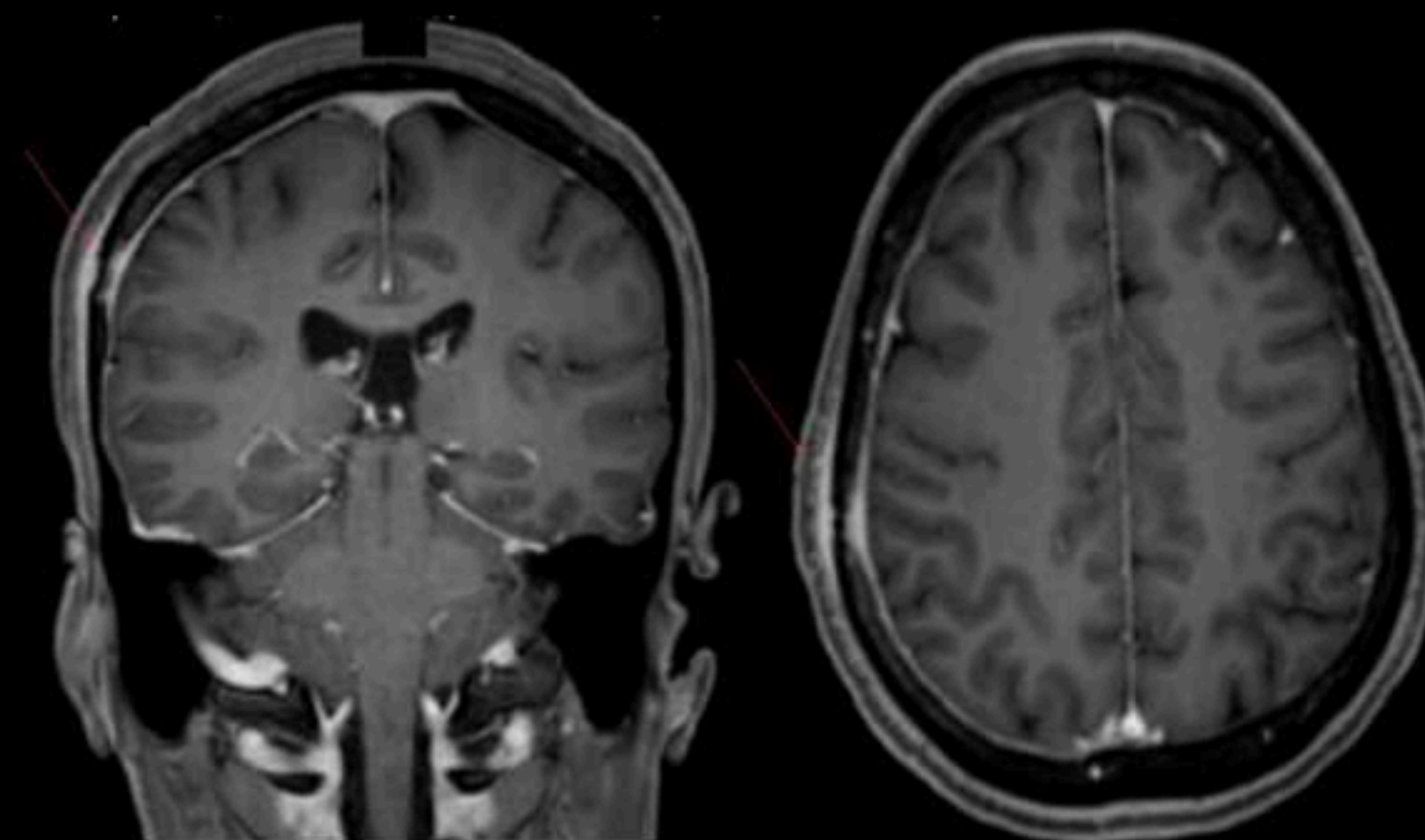
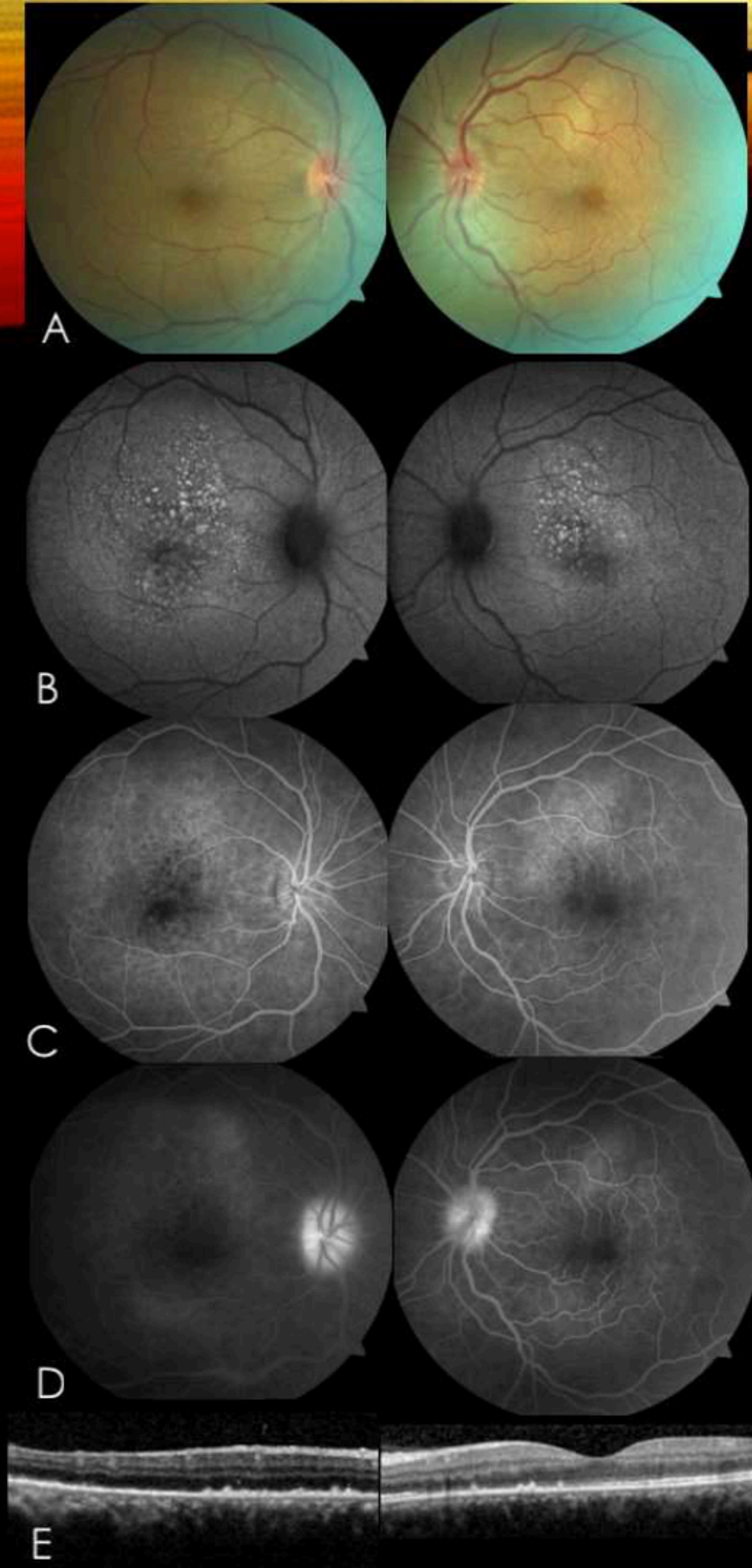


Figure 2. MRI showing enhancement of the parietal skull and dura-mater (arrow)

Figure 1. A – Posterior pole of the right and left eyes. B – Autofluorescence of the right and left eyes. C – Fluorescein angiography, early phase, of the right and left eyes. D – Fluorescein angiography, late phase, of the right and left eyes. E – OCT of the right and left eyes.

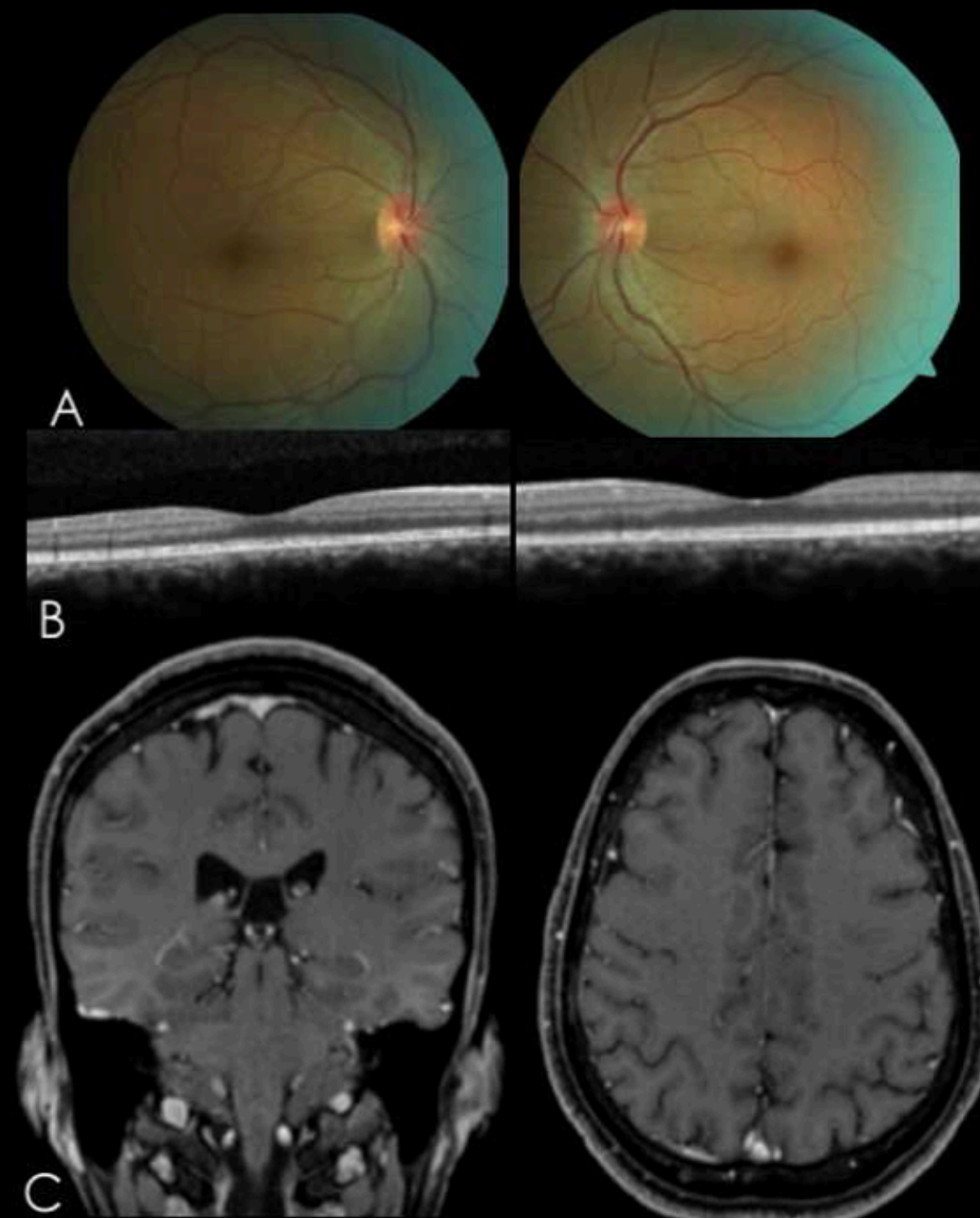


Figure 3. A – Posterior pole of the right and left eye after treatment. B – OCT of the right and left eye after treatment. C – MRI showing resolution of the cranial and dural processes.

References

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