

THE CLINICAL SPECTRUM OF NEUROSYPHILIS TODAY

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Introduction: Neurosyphilis is a complication of syphilis, due to invasion into the central nervous system of *Treponema pallidum*, subspecies *pallidus*. Although neurosyphilis may remain asymptomatic, symptoms can develop at any time after initial infection. Early forms include syphilitic meningitis, meningovascularitis and ocular disease. Dementia paralytica, or “general paralysis of the insane”, and tabes dorsalis used to be the most frequent forms of late neurosyphilis. Several reports, however, suggest a changing clinical presentation of neurosyphilis. Atypical neuropsychiatric syndromes seem to be more prevalent than in the past. Inadvertent treatment with antibiotics prescribed for unrelated diseases and improved serological methods are probably the most important contributing factors. Accelerated progression from syphilis to neurosyphilis in HIV seropositive patients has also been reported.

Objectives: This prospective study aims to investigate the clinical spectrum of neurosyphilis in patients whose cerebrospinal fluid was tested positive for neurosyphilis by the Laboratory for Infectious Diseases, a large reference laboratory in the North-East part of the Netherlands.

Methods: From 2004 to 2013 all patients with a new diagnosis of neurosyphilis, proven by cerebrospinal fluid serology, were included. Each patient’s clinical record was reviewed for demographic, clinical and laboratory data.

Results: Our inclusion criteria were met by 24 patients, all male. The clinical spectrum ranged from asymptomatic to dementia paralytica. Age varied from 31 to 71. At the time of neurosyphilis diagnosis, 7 patients were HIV seropositive.

Conclusions: Further analysis is currently being done and definite results and conclusions will be presented at the meeting.