Ocular and Neurosyphilis in a young man with untreated HIV

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Case Presentation

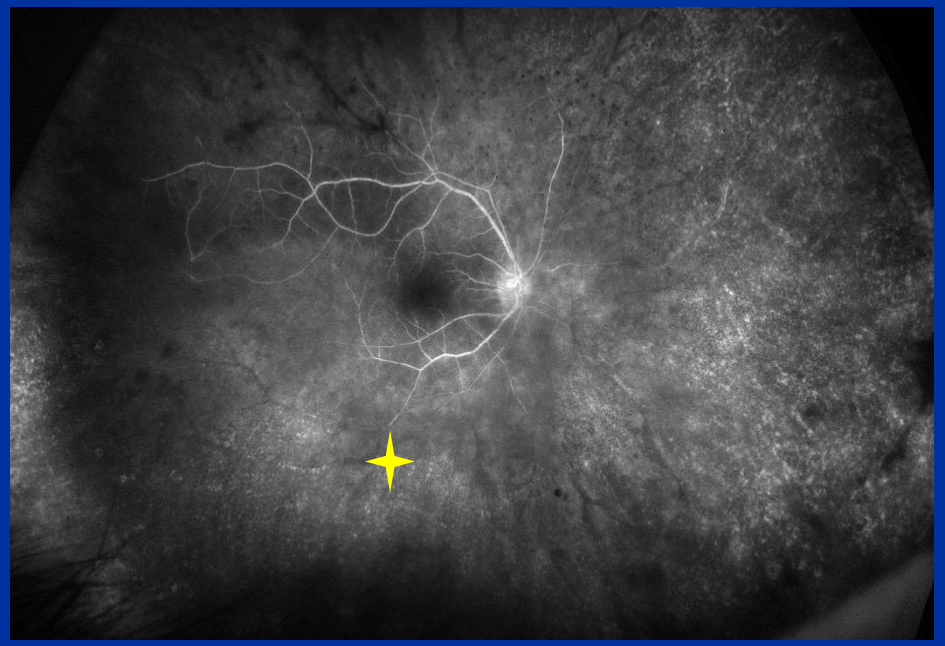
- 36 yo MSM, never on PreP
- Subacute malaise, weight loss, non-itchy rash
- R eye blurry vision, floaters and peripheral vision loss

Exam

- Cachectic man with erythematous macular rash involving palms
- R eye: temporal visual field deficit, 20/200 acuity

RPR	1:1024
TPA-Ab	Positive
HIV PCR	45,912 copies/mL
CD4 T-Cells	217 per cu/mm 22%
CSF	15 WBC, VDRL -

Ocular Syphilis can cause **irreversible** vision loss. A **high index of suspicion** and early treatment with **aqueous penicillin** can be **vision saving.**



Retinal angiography of the right eye three days post-treatment demonstrates occlusion of contrast (star), consistent with syphilitic retinitis with occlusive vasculitis. Retinal ischemia contributes to irreversible vision loss.

Clinical Course

- Penicillin G aq via continuous infusion x 14 days
- BIC-TAF-FTC
- Resolved rash, wt gain and partial visual recovery

RPR	1:128
HIV PCR	297 copies/mL
CD4 T Cells	401 per cu mm

Learning Points

Risks for Ocular Syphilis:

- Detectable HIV PCR
- Early syphilis
- High RPR ≥1:32

Dx of Neurosyphilis:

- Sensitive: Pleocytosis and elevated protein
- VDRL sensitivity only 30-70%

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