

Syphilis :- aka the GREAT PRETENDER

Pg 631

• Causative agent - Treponema pallidum

• Pathogenesis :-

1) Mode of transmission :- Various syphilis - sexual contact! Non-sexual methods - direct contact, blood transfusion, haematological transmission

2) Spread :- rapidly penetrates minute abrasions on skin or mucosa within few hours -

• vitro lymphatics & blood to produce systemic infection & metastatic foci long before the appearance of 1st lesion.

3) Incubation period = 10-90 days

* Clinical Manifestations :-

1st syphilis - 1) Primary (hard) chancre :- single painless hard indurated ulcer, covered by fibrin exudate. Sites - penis, scrotum, anal & oral, scrotum, mouth (benign sores)

2) Regional lymphadenopathy - painless firm, non-suppurative, b/lc

• 2nd syphilis :- 1) Skin rashes (palms & soles)

2) Lymphoma lata - mucocutaneous papules

3) Mucous patches

4) Generalized lymphadenopathy

Latent syphilis - absence of clinical manifestations but +ve serological tests & CSF findings.

Late or 3rd syphilis -

1) Gummas :- locally destructive granulomatous lesions. → bone & skin

2) Neurosyphilis - chronic meningitis, vasculitis, general paresis of insane & tabes dorsalis.

3) Cardiovascular syphilis - aneurysm of ascending aorta & aortic regurgitation

⊕ Laboratory Diagnosis :-

Demonstration of spirochaetes, detection of Ab & PCR

1) Direct Microscopy -

Spirochaetes - surface sheath covered with saline, gentle pressure at base, drop of exudate → slide.

A) DARK GROUND MICROSCOPY

Catagories? Antibiotics: Procaine Penicillin

Under DMG: slender, pleomorphic, spirally
 twisted bacille with tapering ends - 6-20µm
 & 6-20 spirals.

• Mobility - corkscrew mobility

• Multiple specimen should be examined
 on 3 consecutive days before declaring
 DMG → negative.

B) Direct fluorescent antibody staining
 for T. pallidum (DFA-TP)

C) Silver impregnation staining :-
 heparinous reduce silver nitrate
 to metallic silver

LEVADIT STAIN - fissure seen

FONFANA - ornadate

2) Serology :-

1) Non-heparinous tests - VDRL - blood test

only in blood, Unmixed serum

not CST

TRUST

Advantage - progress
 Disadvantage - Biological hazard
 RPR - positive

DIVORCE

Reagin - AB
 leproin
 pregnancy HIV
 hepatitis
 IV drug abusers

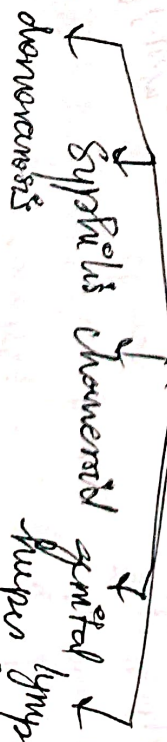
1) Treponemal test - TPI - Immunoblotting
 FTA-ABS - Absorption test

3) Molecular :- PCR - gene - ATLAS
 39 kb

* Testing Algorithm :- Non heparin → heparin ✓
 high prevalence ⇒ screen.

Re: 1) Rensellen - single dose 2.4 million IU
 All - Tetracycline

Genitourinary disease



CRITERIA
QOME?