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ATYPICAL NEUROSYPHILIS: A DIAGNOSTIC CHALLENGE - A CASE REPORT

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INTRODUCTION

Late forms of neurosyphilis have decreased thanks to early syphilis screening in primary care and effective treatment. However, there are still cases that remain challenging for current medicine due to their low incidence.

CASE PRESENTATION

A 54-year-old male patient with no medical history presented with an evolving clinical picture of paresthesias from L1 downwards, accompanied by fasciculations and hypoesthesia in the lower limbs that progressed and affected both walking and urination. The patient denied respiratory symptoms, sexual dysfunction, and recent fever episodes. Physical examination revealed a paraparetic gait, hypoesthesia in the lower extremities, altered sensation from L1 downwards, and brisk osteotendinous reflexes in both lower limbs. Laboratory tests showed a positive VDRL (Venereal Disease Research Laboratory) test at 1:64 and anti-treponema pallidum IgG at 21.63. Spinal cord MRI displayed hyperintensity in the T2-weighted sequence from D4 to D9. Given these results and cerebrospinal fluid involvement, the patient was treated with penicillin and ceftriaxone for 14 days.

DISCUSSION

The absence of typical signs of neurosyphilis and no previous infectious symptoms related to Treponema Pallidum made laboratory findings the key point for the subsequent evaluation and diagnosis of the patient.

CONCLUSION

Although each form of neurosyphilis has characteristic clinical findings, there are still cases that do not meet these criteria. In such cases, ruling out concomitant pathologies in the patient may be the path to a definitive diagnosis.