

DIAGNOSIS AND TREATMENT OF GESTATIONAL SYPHILIS IN PRIMARY CARE: A NARRATIVE REVIEW

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Keywords: Diagnosis, Treatment, Syphilis.

INTRODUCTION

Syphilis acquired during pregnancy, known as gestational syphilis, can affect women at any stage of pregnancy, with primary and secondary syphilis being those with the greatest risk for the mother and fetus. The condition can generate complications in the mother-child binomial such as miscarriages, prematurity, stillbirth, malformations and newborns with clinical signs of early or late Congenital Syphilis. Because it is Congenital Syphilis, a disease that occurs when the bacteria *Treponema Pallidum* crosses the transplacental barrier and can affect the baby early, when clinical manifestations appear up to 2 years of age, and late when they appear after two years of age, for example Hutchinson's triad (keratitis, cleft incisor teeth and deafness). Early diagnosis and adequate treatment are essential factors in reducing the transmission rate of the disease and avoiding its complications.

OBJECTIVE

Evaluate the diagnosis and treatment of syphilis during pregnancy and in Primary Care.

METHODOLOGY

This is a narrative review, based on research of scientific articles published between 2017 and 2023 in the Latin American and Caribbean Literature in Health Sciences (LILACS) databases, *Medical Literature Analysis and Retrieval System Online* (MEDLINE) and *Scientific Electronic Library Online* (SciELO). The search strategy in the databases was composed of the Health Sciences Descriptors (DeCS) "diagnosis", "treatment", "syphilis" and "gestation", combined with the Boolean operator AND. Duplicate articles and articles that did not address the proposed topic were

excluded. The data obtained were organized into 2 categories: diagnosis of syphilis in pregnant women and treatment of gestational syphilis.

RESULTS

Syphilis screening is one of the prenatal steps in Primary Care. The diagnostic method mainly consists of non-treponemal serology (VDRL), but treponemal serology (FTA-ABS) can also be included. If the test results are positive, treatment is used, with Benzathine Penicillin G considered the gold standard. If the pregnant woman is allergic to the medication, desensitization must be carried out. These diagnostic and treatment methods are available through primary health care. However, despite these services being offered free of charge, the number of pregnant women with syphilis is still high. Among the factors that may explain the high number of cases are a high rate of recurrence, which occurs due to the intimate partner's refusal of treatment, lack of knowledge on the part of the pregnant woman about a possible reinfection, sexual relations with several partners, incomplete treatment, prenatal care irregularity and lack of monitoring by health professionals. Furthermore, shortages of Benzathine Penicillin G and the increase in reported cases, given that Syphilis in pregnant women has become a notifiable disease since 2005, may contribute to the high prevalence.

CONCLUSION

Basic care is extremely important for the diagnosis and treatment of gestational syphilis, offering rapid tests and immediate intervention if the results are positive. However, there is a deficit in health promotion in the community, with themes of safe sex with the use of condoms, in addition to the importance of self-care, in addition to regular prenatal care, adequate hygiene and medical care.