

Uveitis

**ACUTE RETINAL NECROSIS (ARN) AND VASCULITIS AS POSSIBLE
MANIFESTATIONS OF SYPHILIS – CASE REPORT**

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PURPOSE

The purpose of this communication is to remember treponema pallidum as the great simulator, and to present two of its multiple different presentations: vasculitis (case 1) ARN (case 2).

METHODS

We selected two recent cases, which represent the chameleonic ability of treponema pallidum. Both claimed vision loss. Case 2 had already been diagnosed as bilateral acute anterior uveitis (AAU) with panuveitis in RE in a private center. A complete ophthalmologic exploration was carried out.

RESULTS

We confirmed important vision loss in both cases.

Case 1 showed hemovitreous, vasculitis and retinal haemorrhage in LE. Treatment with corticosteroids was established. Clinical worsening led to vitrectomy with vitreous sample extraction and syphilis serology, which came out positive.

Case 2 showed bilateral AAU and a whitish plaque compatible with an ARN in RE (FAG compatible). She was hospitalized under “herpetic acute retinal necrosis” diagnosis and we started treatment with iv acyclovir. During hospitalization, positive anti-treponemic IgG were discovered, and this, added to a VA worsening and persistence of vitritis and inflammatory coriorretinal foci, led us to the diagnosis of neurosyphilis.

Both cases had a good response to G penicillin, with vision recovery and vitreo-retinal disease left.

CONCLUSIONS

Eventhough treponema pallidum is not a common etiologic agent in both, ARN and vasculitis, we should always take this agent into account as possible cause due to its numerous and little specific presentations.

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