Secondary Syphilis Presenting As Isolated Unilateral Vitritis

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Background

Ocular findings as initial presentation of syphilis are rare. However, they are reemerging in immunocompromised patients. We encountered an immunocompetent case of unilateral, isolated vitritis without evidence of primary syphilis. Secondary syphilis can occur with ocular involvement as uveitis, optic neuritis or chorioretinitis. Our case presents a variance.

Case

A 59 year old healthy male had 6 weeks of blurred vision in OD, denying any rash or skin lesions. Visual acuity (VA) OD was 20/20 and OS was hand motion (HM) with intraocular pressure OD of 17 and OS of 16, without APD. Anterior segment was normal OU. OD vitreous and retina was normal, but OS had 3+ vitreous haze with floaters and retina was attached 360 degrees with fluffy yellowish vitreous condensation inferiorly. Left optic nerve was pink, fluorescein angiogram (FA) and fundus fluorescein angiography (FFA) were normal in both eyes. Labs revealed strongly positive RPR and highly reactive FTA-ABS. HIV, Bartonella, CMV, Lyme, and HSV were negative. A definitive diagnosis of isolated syphilitic vitritis was made and benzathine penicillin 2.4 MU IM was given. Six days later VA OS improved from HM to 20/60 with normal anterior segment, grade 2 vitreous haze with less fluffy deposits, and pink optic nerve. Repeat FA and FFA were normal in both eyes. Vitreous haze resolved in 2 months with VA OD 20/25 and OS 20/20. Due to high RPR titers a second dose of penicillin was given. Patient received topical steroids throughout the treatment period.

Discussion

Our case deviates from the usual presentation of syphilitic posterior uveitis, in that he was healthy, immunocompetent, the retina and other structures were not involved, and he did not, apparently, have latent syphilis. FA and FFA were negative throughout possibly indicating intact RPE. His remarkable recovery with one dose of penicillin supports syphilis as the sole etiology of his vitritis. As emphasized by this case, syphilis once again proves to be a master masquerader. A high index of suspicion is required and it should be included in the differential of any inflammatory process of the eye.

References


* Authors have no disclosures.