

CDC'S 2002 SYPHILIS BASICS FOR ADULT HIV(-) PERSONS

Stage	Symptoms	Diagnosis ¹	Tx & FU
Primary	Ulcer or chancre	(+) DF ² from lesion	<u>Benzathine penicillin G</u> ^{3,4} IM x 1 Follow RPR @ 6 & 12 months ⁵
Secondary	Skin rash Mucocutaneous lesions Lymphadenopathy Much, much more	OR (+) RPR & FTA	
Early Latent ⁶	None. Detected by testing high risk individuals	(+) RPR & FTA	<u>Benzathine penicillin G</u> ^{3,7} IM x 1 Follow RPR @ 6, 12, & 24 months ⁸
Late latent ⁹ OR Unknown duration			<u>Benzathine penicillin G</u> ^{3,7} IM x 3 weekly doses Follow RPR @ 6, 12, & 24 months ⁸
Neurosyphilis	Cognitive dysfunction Motor-sensory deficits Ophthalmic or auditory sx's Cranial nerve palsies Meningitis	Lumbar puncture (LP): (+) CSF VDRL May also be: ↑ CSF protein & cell count	<u>Aqueous crystalline pen G IV</u> x 10-14 days OR if compliance with treatment is assured <u>Procaine pen G</u> IM daily x 10 14 days with oral probenecid QID x 10-14 days Repeat CSF q 6mos until cell count normal
Tertiary	Cardiac, ophthalmic, auditory, gummatous lesions

¹ All patients who have syphilis should be tested for HIV infection

² Darkfield: available at MCHD STD clinic 503 988-3700 ask for DIS (Disease Intervention Specialist)

³ 2.4 million units

⁴ If penicillin allergic & not pregnant: data lacking but used for decades: doxycycline 100 mg po 2x daily x 14 days. Some specialists recommend: ceftriaxone 1 gm daily IM or IV x 8-10 days. Preliminary data suggest this may be effective: azithromycin 2 gm single oral dose

⁵ RPR should ↓ 4-fold by 6 months. LP & treat accordingly if: symptoms recur OR RPR ↑ 4-fold. If RPR not ↓ 4-fold within 6 months, optimal management unclear: follow titers closely OR re-treat OR LP & treat accordingly (3 weekly injections if CSF nl). Re-check HIV in all these instances.

⁶ Acquired within preceding year

⁷ If pen allergic & not pregnant: doxycycline 100 mg po 2x daily x 28 days

⁸ LP & treat accordingly (3 injections if CSF nl) if: symptoms occur OR RPR ↑ 4-fold OR initially high titer (≥ 1:32) fails to ↓ 4-fold within 12-24 months. Recheck HIV.

⁹ Acquired more than 1 year previously

SYPHILIS CONSIDERATIONS IN THE HIV (+) PERSON

General

- Interpret RPR & FTA in the usual manner. Unusual serologic responses have been observed but are uncommon.
- Biopsy may be useful for diagnosis.
- HIV (+) persons with 1°, 2° or early latent syphilis may have ↑ risk for neurological complications & ↑ rates of treatment failure. Magnitude of ↑ is likely minimal.

1° or 2° syphilis among HIV (+) persons

- **Treat** with a single injection of Benzathine Penicillin G. Some specialists recommend 3 weekly injections.
- **Follow-up** clinically & with RPR at 3, 6, 9, 12 and 24 months after treatment
 - If symptoms recur or persist OR if RPR ↑ 4 fold (e.g 1:8 to 1:32), then LP & Tx accordingly (3 wkly injections if CSF nl)
 - If RPR not ↓ 4 fold within 6-12 months (e.g. 1:32 to 1:8) consider LP & Tx accordingly (3 wkly injections if CSF nl)
- **Lumbar Puncture (LP)?**
 - Some specialists recommend LP 6 months after treatment (unproven benefit)
 - Although most HIV(+) persons respond to a single benzathine injection, some specialists recommend intensified therapy if CSF shows ↑ cell count or ↑ protein. Therefore some specialists recommend LP before treatment, and LP following intensified treatment if CSF abn.

Early latent syphilis among HIV (+) persons

- **Treat** with a single injection of Benzathine Penicillin G.
- **Follow up** clinically & with RPR at 3, 6, 9, 12 and 24 months after treatment:
 - If symptoms recur or persist or if RPR ↑ 4 fold (e.g 1:8 to 1:32), then LP & Tx accordingly (3 wkly injections if CSF nl)
 - If RPR not ↓ 4 fold within 6-12 months (e.g. 1:32 to 1:8) consider LP & Tx accordingly (3 wkly injections if CSF nl)

Late latent syphilis or latent syphilis unknown duration among HIV (+) persons

- **LP before treatment.** If CSF nl, give Benzathine Penicillin G x 3 weekly injections. If CSF consistent, Tx for neurosyphilis
- **Follow up** clinically & with RPR at 6, 12, 18 & 24 months after treatment.
 - If symptoms recur or persist or if RPR ↑ 4 fold, then LP & Tx accordingly (3 wkly injections if CSF nl)
 - If RPR not ↓ 4 fold within 12-24 months (e.g. 1:32 to 1:8) consider LP and Tx accordingly (3 wkly injections if CSF nl)

Penicillin allergy

- Manage same as non-HIV infected. Non-penicillin treatment in HIV (+) persons is not studied.
- Pts with penicillin allergy whose compliance with treatment or follow up cannot be ensured should be desensitized and treated with penicillin