

Clinical Image*Open Access, Volume 6***An atypical form of neurosyphilis****Yuanping Huang***; Yanfei Zhao*Department of Internal Medicine, First Hospital of Jilin University, Changchun 130021, China.****Corresponding Author: Yuanping Huang**Department of Internal Medicine, First Hospital of
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Keywords: Neurosyphilis; Cerebrospinal fluid.**Description**

A 50-year-old man with weak left limb mobility was admitted in our hospital. Physical examination of the reproductive system showed no abnormalities. No skin rash or ulceration was observed in the penile anus. Head MR enhancement suggested multiple abnormal signals in the right basal ganglia/radiographic crown. Afterwards, benzathine penicillin G was administered. The above symptoms of the patient were significantly remission, the left extremities no longer paralyze, and could walk in the ward. Three months later, the reexamination of the head MRI enhancement suggested occupying lesion fade away.

A 50-year-old man with weak left limb mobility was admitted in our hospital. Physical examination: blood pressure 140/80 mmHg, clear consciousness, mixed aphasia, bilateral pupil diameter 3 mm, sensitive to light reflection, muscle strength of left limb level 2, muscle strength of right limb level 5. The left Babinski sign was positive. Physical examination of the reproductive system showed no abnormalities. No skin rash or ulceration was observed in the penile anus. Head MR enhancement suggested multiple abnormal signals in the right basal ganglia/

radiographic crown, considered for malignancy (Figure 1). Further craniotomy was planned. However, treponema pallidum antibody (TPPA) 25.75S/0O, positive. Serum RPR was 1:8. Further lumbar puncture, cerebrospinal fluid pressure of 230 mm-H₂O and cerebrospinal fluid RPR of 1:2. Afterwards, benzathine penicillin G, 2.4 mIU, once a week for three times, was administered. The above symptoms of the patient were significantly remission, the left extremities no longer paralyze, and could walk in the ward. Three months later, the reexamination of the head MRI enhancement suggested multiple abnormal signals in the right basal node/radiographic crown, which was significantly reduced than before (Figure 2). The patient was eventually exempted from surgery and was diagnosed with neurosyphilis. Therefore, patients have stroke of unknown cause, but if syphilis is highly suspected clinically [1,2], TPPA should be performed even if the reproductive system examination is negative [3]. On the other hand, if neurosyphilis is highly suspected clinically, cerebrospinal fluid examination should be performed and adequate anti-syphilis therapy is mandatory [4,5].

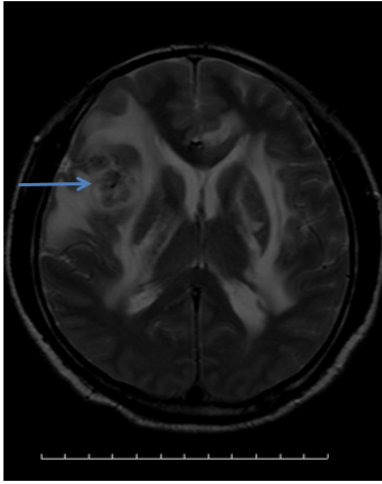


Figure 1: Right basal ganglia/radiographic crown occupying lesion (arrow).

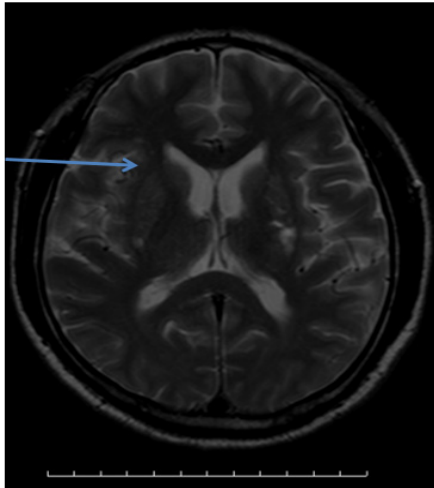


Figure 2: Occupying lesion fade away (arrow).

Declarations

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