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Reply

Resposta

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Dear Editor,

We would like to thank Dr Sriwijitalai and Prof Wiwanitkit[1] for their comments and the opportunity to discuss more details about our publication "Late-onset congenital syphilis with unusual brain abnormalities". Neurosyphilis is very challenging to diagnose due to its variable and complex presentation. This was a case report of a 17-year-old woman who presented with a refractory partial epilepsy since eight years of age and progressive cognitive decline. The patient had no history of sexual intercourse, autoimmune or chronic diseases. Tests for HIV infection, and PCR for herpes simplex were negative, serum VDRL (1:16) and the FTA-ABS test was positive in the cerebrospinal fluid with an increased protein level. False positive treponemal test results, like the FTA-ABS, occur less frequently than false positive anticardiolipin tests (VDRL) and the specificity of the FTA-ABS is high (1% false positive in the general population)[2]. The magnetic resonance imaging scan of her brain showed T2/FLAIR white matter hyperintensities and atrophy of the anterior temporal and frontal lobes. This image has seldom been reported in the literature in cases of neurosyphilis[3,4]. Her mother reported abnormalities in serological tests for syphilis in her prenatal screening. However, she did not receive any treatment. The test was repeated and her mother had VDRL (1:4), IgM-FTA-ABS and IgG-FTA-ABS positives. The patient was treated with intravenous crystalline penicillin, and there was better control of epilepsy.

Due to the evidences presented above, we believe that the diagnosis of late-onset congenital syphilis could be supported.

Yours sincerely,

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