Short Communication

Born with hidden battle: the crucial need for timely syphilis screening in pregnancy

Dear Editor,

A 15-day-old male infant presented with a 15-day history of reddish exfoliating lesions on the hands **(Figure 1)** and feet **(Figure 2)** progressing to involve the scrotum **(Figure 3)**. The infant also developed dry, scaly, macular lesions on the elbows and vesicobullous lesions on the palms and soles. Additionally, the infant had a 12-day history of insidious onset, mild, purulent ear discharge. The parents had a history of genital lesions 2 years prior, and during the mother's antenatal visit 1 year ago, they both tested positive for VDRL, with the mother's titers at 1:4 and the father's at 1:8. Unfortunately, they failed to follow up for treatment, leaving the condition untreated Laboratory investigations revealed TLC of 9,200 cells/uL, differential count of 37% neutrophils and 53% lymphocytes, Hb of 8.6 g/dL, platelet count of 2.85 lakh/uL, and peripheral blood smear showing microcytic hypochromic anemia. Thyroid profile was normal. Opthalmological evaluation was normal. Audiological evaluation revealed right-sided purulent discharge with intact tympanic membrane. 2D Echo was normal. VDRL was non-reactive, while ELISA IgM for syphilis was 48.3 positive and ELISA IgG for syphilis was 22.78 positive.

On the basis of history, examination findings and laboratory investigations, diagnosis of early congenital syphilis was made. The infant was treated with a 14-day course of intravenous ceftriaxone (75mg/kg/day) according to CDC guidelines. Both parents were treated with intramuscular injections of benzathine penicillin (2.4 million units weekly for 3 weeks).

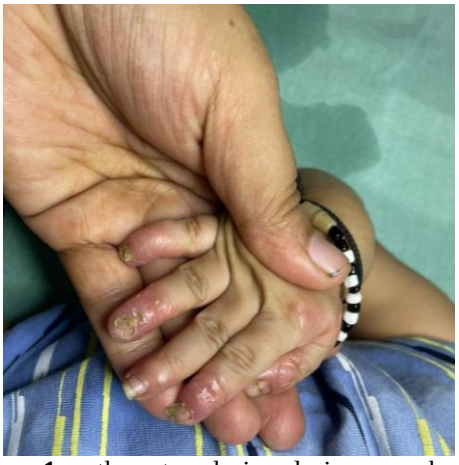

Figure 1 erythematous lesions lesions over hands.

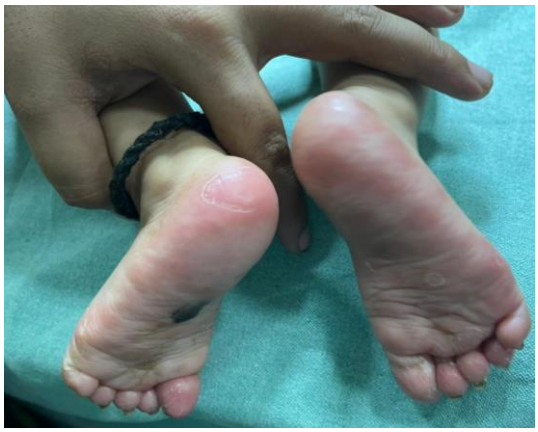

Figure 2 exfoliative lesions over soles.

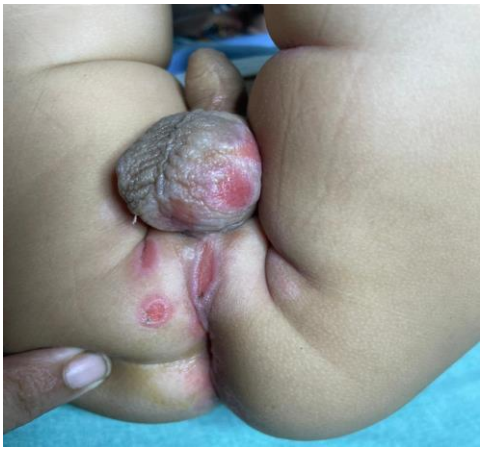

Figure 3 moist erosions over scrotum.

The infant responded well to treatment with resolution of skin lesions.

Syphilis, a bacterial infection caused by Treponema pallidum, can be transmitted horizontally through contact with infected skin lesions or vertically from mother to fetus during pregnancy or childbirth.[1] If left untreated, congenital syphilis can result in severe complications, including stillbirth, hydrops fetalis, and preterm delivery.[2] Early congenital syphilis typically presents within the first two years after birth, often with symptoms such as pneumonia, nasal congestion, hepatosplenomegaly, and skin rashes. Central nervous system involvement can also occur, leading to meningitis and seizures.[3]

If untreated, congenital syphilis can progress to late-stage disease, characterized by the classic triad of interstitial keratitis, sensorineural hearing loss, and dental abnormalities. Additional features may include skeletal deformities, renal disease, and developmental delays.[3]

Regular syphilis screening during pregnancy is vital for identifying perinatal syphilis early on, particularly in regions with high rates of congenital syphilis or in individuals with risk factors. To ensure optimal care, health experts recommend a three-step testing approach: initial screening at the first prenatal appointment, followed by repeat testing in the third trimester, and a final check at delivery. This timely testing is crucial, as early treatment of maternal syphilis has a remarkable 98% success rate in preventing the transmission of congenital syphilis to the newborn.[4]

Despite the mother's initial diagnosis, failure to follow up and receive treatment resulted in the unfortunate outcome of congenital syphilis in our patient. This case highlights the importance of adherence to recommended testing and treatment protocols to prevent such devastating consequences.

References

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Manuscript: Received on: September 10, 2024
Accepted on: September 20, 2024
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