The Great Pretender

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The Pox is back – but did it ever really go away? After a brief illusory dramatic drop in incidence in the mid-80's and early 90's Syphilis has made a dramatic re-appearance on to the STI centre stage like the good old trouper it is. However we seem to ignore it to our own and our patients' peril. It is nothing more than yesterday's HIV disease. I have to admit I have a soft spot for the Pox, which together with the Clap (gonorrhoea) represents the traditional Venereology I have grown old with.

There have been 90 cases recorded since 2002 (Figure 1). As with all the other STIs notified by the GU Clinic it cannot be assumed that this is all there is. They are simply picked up from those who chose to attend the Clinic. The bulk of the diseases, as well as their contacts are still out there in the community waiting to be diagnosed. For this all practitioners need a high degree of suspicion and a low threshold for testing appropriately.

While 46 cases were latent disease and picked up only on serology (Figure 2), the other 44 cases presented with signs of early disease with primary chancres and rashes or other classical manifestations of secondary syphilis (Figure 3).

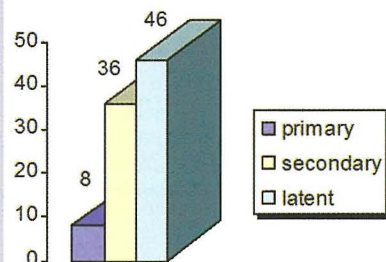

Figure 2. *Classification of syphilis cases (2002-2008)*

Is that penile/vulval ulcer which should be herpetic but is actually quite painless and not healing as expected still diagnosed as herpetic? Is that funny rash which is hardly noticeable really a 'sun rash'? Are those perianal warts really warts? Could they possibly be *condylomata lata* (Figure 4)? **If in doubt, test.**

For general screening purposes we should specify that we need either a Syphilis EIA IgM/IgG, or a VDRL test (Venereal Disease Research Laboratory) *together with* a TPHA (Treponema Pallidum Haemagglutination Test). VDRL by itself is *NOT* a good screening test. The VDRL is often negative in latent disease and can also be apparently negative in primary disease (the prozone phenomenon). Therefore cases will be missed if this is all we ask for. While the full battery of tests is available at Mater Dei Hospital, unfortunately there are still laboratories which perform only the VDRL. This practice needs to be challenged.

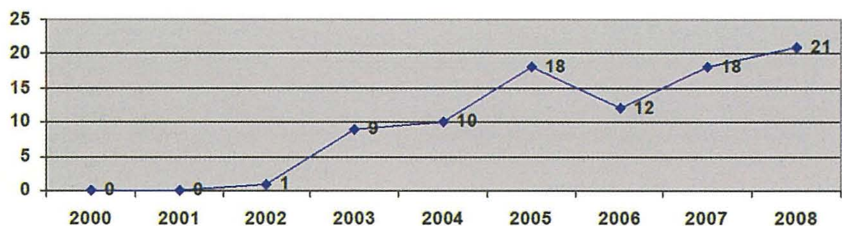

Figure 1. *Total Syphilis cases 2000-2008(GU Clinic)*

9 of the patients diagnosed with syphilis were pregnant women. Fortunately, all delivered normal babies free of congenital disease. The recommended practice of screening all pregnant women, irrespective of marital status, for syphilis should be re-introduced.

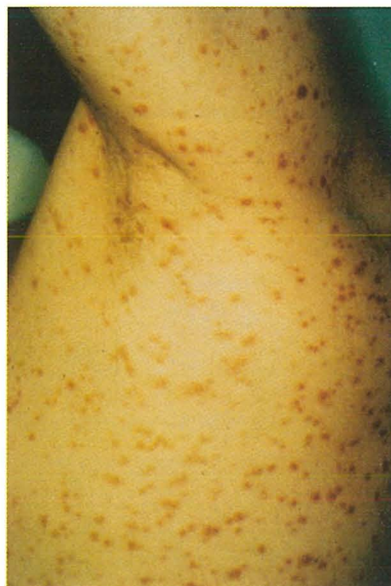

Figure 3. *Rash of secondary syphilis - the great imitator*

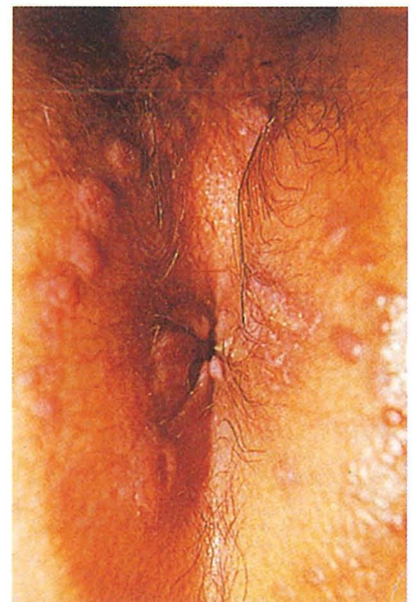

Figure 4: *Condylomata lata of secondary syphilis*

Fortunately *Treponema Pallidum* is still very sensitive to penicillin. We use the long-acting Benzathine Penicillin, not to be confused with Benzylpenicillin which is not an appropriate treatment in adults. Benzathine Penicillin can only be obtained from the Boffa Hospital pharmacy under the GU Clinic's prescription, so all cases of known or suspected syphilis need to be referred there without delay.

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