Congenital syphilis - how recognition and testing is important: a case report

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Background. Congenital syphilis in untreated or inadequately treated pregnant women causes a variety of clinical manifestations, including miscarriage, neonatal death, cutaneous and visceral manifestations, or asymptomatic infection. We present a recent case of congenital syphilis with negative TPHA in the first trimester.

Case presentation. A multiparous woman with GDM at 35 weeks and 3 days gestational age was admitted for pPROM and an urgent caesarean section was performed for pathological CTG.

At birth, the infant had diffuse petechiae, thrombocytopenia, nummular lesions in bilateral plantar area, and a dysepithelialised lesion on the left hand. Epidermolysis bullosa was initially considered.

A detailed history revealed that father had a penile lesion during pregnancy and 15 days later the mother developed a rash on the chest and upper limb treated as atypical Gilbert's pityriasis rosea. These events are consistent with primary and secondary syphilis, respectively. Repeat maternal screening for syphilis antibodies was positive, consistent with congenital syphilis.

With the onset of antibiotic therapy, newborn's condition improved rapidly. Auditory evoked potentials, ocular examination and ultrasonography were normal. Radiography showed bilateral lue metaphysitis at the wrists.

Conclusions. Treponema pallidum transmission can still occur in high-income countries with high prenatal screening rates. Physicians should be aware of dermatologic lesions suggestive of syphilis, as their timely treatment prevents congenital transmission. On the other hand, congenital syphilis should be considered in case of severe infectious disease, even in the context of negative prenatal screening.