Neuroretinitis in secondary syphilis

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Abstract. A 30-year-old man with bilateral neuroretinitis and uveitis associated with secondary syphilis is described. Characteristic lesions on the palms of the hands and the soles of the feet gave us the clue to the diagnosis. Treatment with penicillin resulted in a rapid cure. Syphilitic neuroretinitis is often associated with secondary meningitis. Early diagnosis and adequate therapy are important in this serious but treatable condition.

Case history

A 30-year-old homosexual man was sent to our Out-Patient Department in January 1985 with a fortnight’s history of visual deterioration (worse in the left than the right eye) and painful red eyes.

The previous history includes:
  — 1977 gonorrhoea
  — May 1984, herpes zoster thoracalis
  — September 1984, condylomata acuminata
  — in the last few weeks a persistent fungal infection in the groin and night sweats
  — November 1984, ‘eczema’ round the anus.

Examination

On admission, visual acuity right eye: $S - 1.5 = C - 1.0^\circ: 0.75 -$; left eye: $S - 1.5 = C - 0.75 0^\circ: 0.16$.

A few days later, the visual acuity had deteriorated to 0.33 and 2/60 respectively. Slit-lamp examination showed iritis in both eyes with keratic precipitates on the corneal endothelium and many cells and opalescence in the anterior chamber. There were posterior synechiae in the left eye. Many cells were also present in the vitreous. In the fundus bilateral papilloedema was seen and pale oedematous foci in the periphery. In the left eye there was a lesion in the macular region (Figure 1a). The intraocular pressure was normal.

Visual field examination: right eye — superior and inferior peripheral
Figure la. Posterior pole of left eye before treatment: inflammatory foci in the macular area and below, papilloedema.

Defects; left eye — central defect extending to the nasal and superior periphery.

Electroretinogram: diffusely disturbed, more on the left than on the right, in agreement with the retinitis. The fluorescein angiogram also showed extensive areas of retinitis and papilloedema.

Considering the recent history of multiple infections in this homosexual man, we first thought of a disturbance of immunity and thus of a retinitis associated with the Acquired Immune Deficiency Syndrome (AIDS). In this condition the chief causative agent is Cytomegalovirus, but herpes