48th BRAVS Meeting
RETINA 2024
CONNECTING SCIENCE TO REAL WORLD

Fundação Dr. João Penido Burnier
Desde 1965

INSTITUTO PENIDO BURNIER
DESDE 1920

Acute syphilitic posterior placoid chorioretinitis

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PURPOSE:

To report a case of acute syphilitic posterior placoid chorioretinitis.

METHODS:

Review of the patient's medical record.

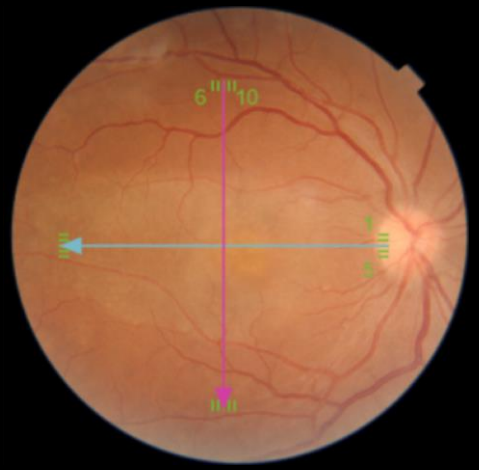
CASE REPORT:

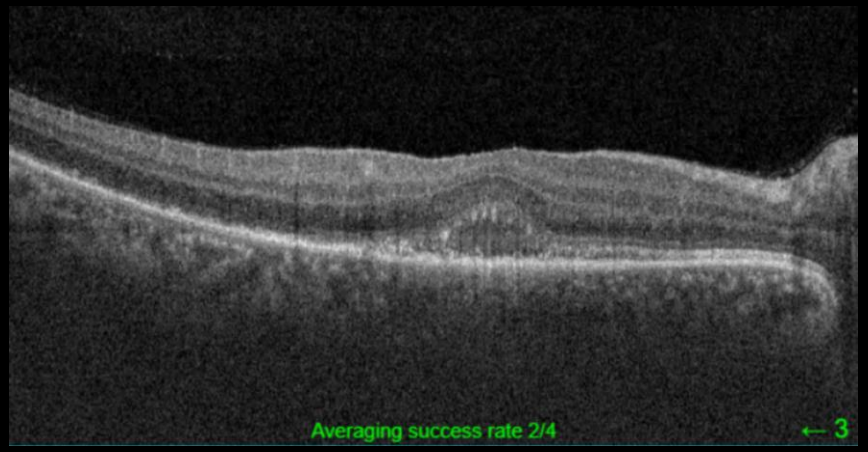
- A.V.C, female patient, 47 years old;
- No known comorbidities;
- Reported low visual acuity (VA) on the right eye (OD) for 12 days
- Ophthalmic examination:
  - VA: OD= 20/160
    left eye (OS)= 20/25
  - Slit lamp examination of both eyes (OU): clear conjunctiva and cornea, absence of anterior chamber inflammatory cells and keratic precipitates.
  - Fundoscopy:
    OD= obscuring of the peripappillary retina due to mild optic disc edema, hypochromic placoid lesion involving the macula with a yellowish center at the fovea
    OE= unremarkable
  - Tonometry OU: 12mmHg

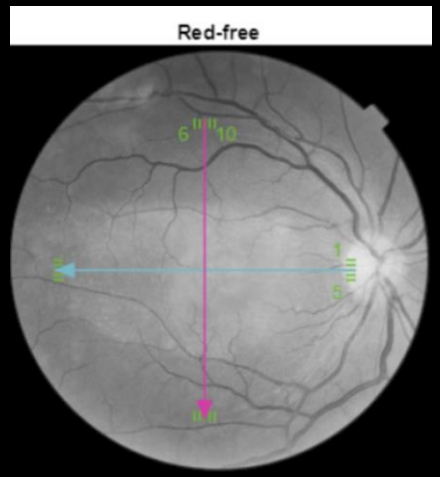
(Retinography of OU)

CASE REPORT:

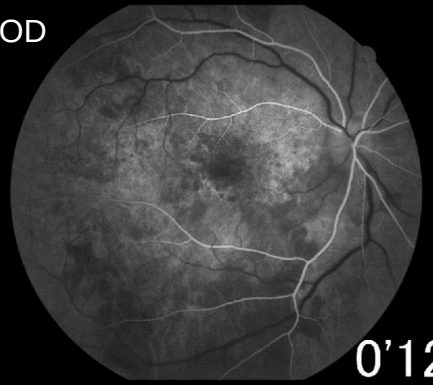
- Optical Coherence Tomography (OCT) was performed with following findings on the OD:
  - disruption of ellipsoid zone associated with a granular hyperreflective RPE.
  - subfoveal accumulation of hyperreflective material.

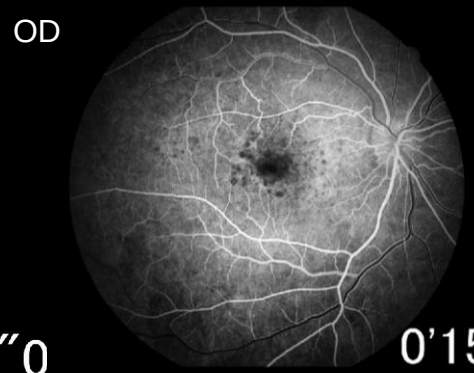


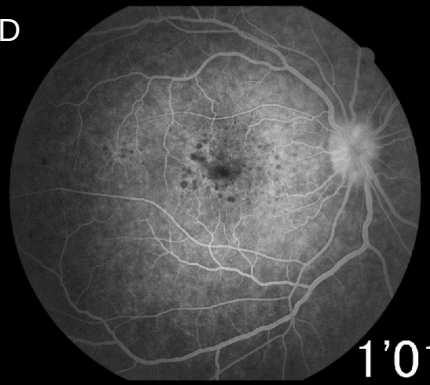


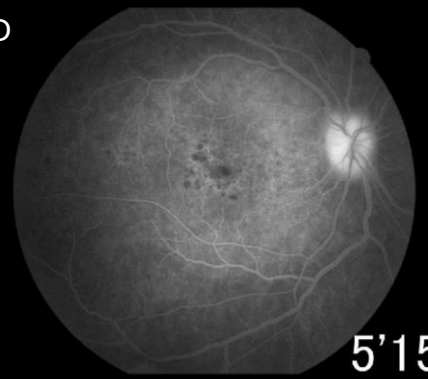


- Fluorescein angiography (FA) was performed 5 days after presentation with the following findings on the OD:
  - hypofluorescent spots in the central macula with a distinctive “leopard spot” appearance.
  - late staining of the macula and optic disc







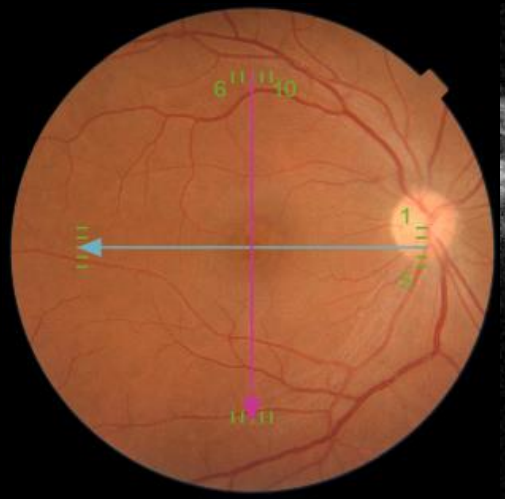


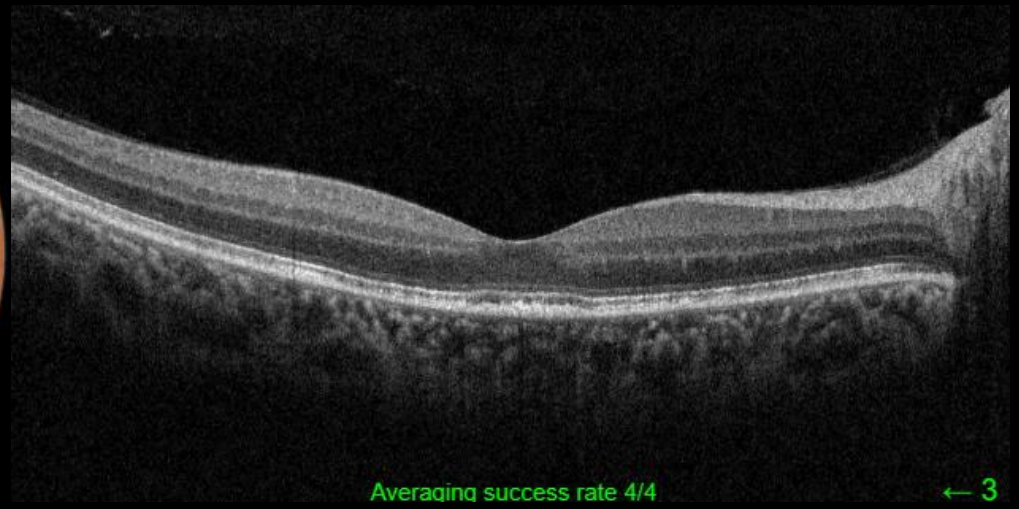
CASE REPORT:

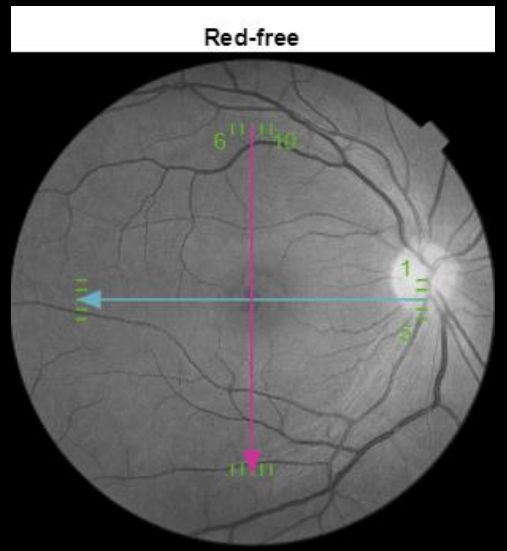
- Blood test results came positive for VDRL (1:64) and FTA-ABS IgM and IgG. Patient was negative for HIV and other infectious diseases.
- Patient was referred to the hospital to start treatment with intravenous Crystalline Penicilin G, being monitored by an infectologist.

<u>After 10 days:</u>

- VA was 20/40 OD and 20/25 OS.
- New OCT scan of the macula was performed:
  - improvement of the outer retinal layers integrity
  - resolution of the subfoveal hyperreflective material with slight elevation at the
  - disappearance of the macular placoid lesion observed on the retinography and red-free exams
- The patient received 4 more days of treatment and was followed-up regularly with final VA of 20/40 and 20/25, OD and OS respectively.







DISCUSSION:

.Ocular syphilis is known for its capacity to mimic other diseases, as it has a wide variety of clinical presentations and can affect all eye structures. For this reason it should be always suspected in a case of uveitis.

.Acute syphilitic posterior placoid chorioretinits (ASPPC) is a form of ocular syphilis presentation with characteristic findings. A hypochromic placoid lesion affects the macula and deep granular changes can be observed on the OCT. On FA, a progressive hyperfluorescence of the lesion with scattered focal hypofluorescence create a “leopard spot” appearance. Those findings are highly sugestive of ASPPC and may be accompanied by vitritis, neuritis and vasculitis.

.VDRL and FTA-ABS should be done to confirm a *Treponema pallidum* infection and further testing is necessary to rule out other infectious disease, specially HIV, which is commonly found together with syphilis.

.For the matter of treatment, ocular syphilis should be considered as tertiary and intravenous crystalline Penicilin G is the goldstandard. Partner must be treated to decrease the chance of reinfection.

.The increasingly high rate of acquired syphilis worldwide makes it crucial to the current ophthalmologist to understand the clinical and ophthalmological findings to promptly diagnose and treat ocular syphilis.

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