

THIS MONTH'S BLINK

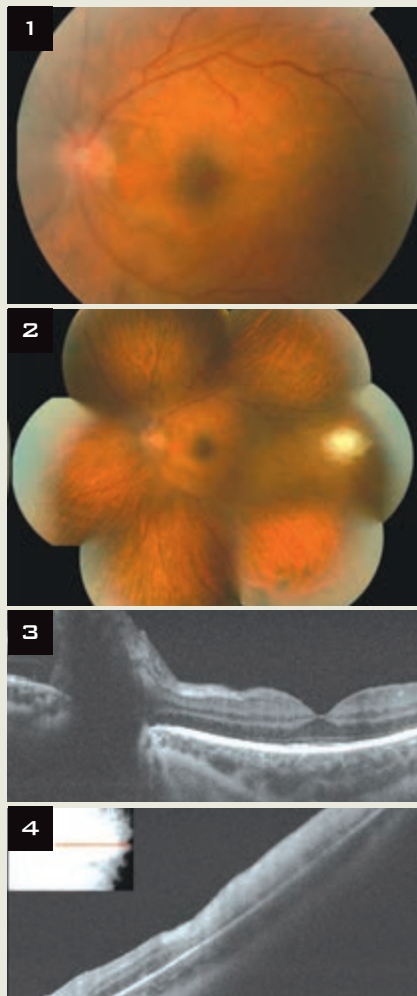
Syphilitic Panuveitis and Retinitis in HIV

A 25-year-old man presented with a painful red right eye and decreased vision in both eyes for 1 week. Vision was 20/300 in his right eye and 20/50 in his left eye. Ophthalmoscopy revealed bilateral inflammatory cells in the vitreous, optic nerve swelling, and peripheral patches of retinitis, more severe in the right eye (Figs. 1, 2). Spectral-domain optical coherence tomography confirmed disc swelling and full-thickness retinitis in the temporal periphery of the left eye (Figs. 3, 4). Vitreous inflammation prevented imaging of the right eye.

Laboratory testing revealed a positive serum rapid plasma reagin, positive serum Venereal Disease Research Laboratory (VDRL), negative cerebrospinal fluid VDRL, and negative brain magnetic resonance imaging, consistent with a diagnosis of secondary syphilis.

Because of the ocular involvement, the patient was treated for neurosyphilis with IV penicillin for 3 weeks and intramuscular penicillin for 2 weeks. Systemic workup also revealed a new diagnosis of HIV, after which he was started on highly active antiretroviral therapy. Four months after presentation, the vitritis and retinitis were completely resolved. Vision was 20/50 in the right eye and 20/20 in the left eye.

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