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Uveitis: **Syphilis**

**Congenital Syphilis**

*What is the most common ocular manifestation of congenital syphilis?*
Uveitis: **Syphilis**

**Congenital Syphilis**

*What is the most common ocular manifestation of congenital syphilis?*

Interstitial keratitis
Uveitis: Syphilis

Congenital Syphilis

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With respect to IK, to what does the term salmon patch refer?

Deep stromal vessels appear and make their way toward the central cornea. If/when the stromal vascularization is particularly dense and the blood flow is exuberant, the resulting color of the cornea has been likened to that of salmon.
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Herpetic dz.

Other than herpesviruses and *T. pallidum*, three other infectious causes of IK are worth mentioning (in that they would make good OKAP questions). What are they?
-- *Mycobacterium tuberculosis* (ie, TB)
-- *Mycobacterium leprae* (leprosy/Hansen's dz)
-- *Borrelia burgdorferi* (Lyme dz)

There is a noninfectious cause worth mentioning (for the same reason)—what is it?
*Cogan syndrome*.

How does Cogan syndrome present?
With IK and CN8-related symptoms: deafness, tinnitus and vertigo.
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Interstitial keratitis

*What about in the posterior pole?*
Uveitis: **Syphilis**

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*What is the most common ocular manifestation of congenital syphilis?*
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*What about in the posterior pole?*
Two manifestations are common:
---a something-and-something retinopathy
---a two words-like presentation: abb. + word two words abb. + word
Uveitis: **Syphilis**

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*What is the most common ocular manifestation of congenital syphilis?*
Interstitial keratitis

*What about in the posterior pole?*
Two manifestations are common:
-- a salt-and-pepper retinopathy
-- a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping
Syphilis: Salt-and-pepper retinopathy
Syphilis: RP-like fundus changes
What is the most common ocular manifestation of congenital syphilis?
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What is the other classic cause of congenital salt-and-pepper retinopathy?
Uveitis: Syphilis

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Two manifestations are common:
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--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What is the other classic cause of congenital salt-and-pepper retinopathy?
Rubella
What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

What about in the posterior pole?
Two manifestations are common:
--a salt-and-pepper retinopathy
--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What are the classic nonocular findings associated with congenital syphilis?
Uveitis: Syphilis

Congenital Syphilis

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

What about in the posterior pole?
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--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What are the classic nonocular findings associated with congenital syphilis?
--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness
Uveitis: **Syphilis**

**Congenital Syphilis**

*What is the most common ocular manifestation of congenital syphilis?*

Interstitial keratitis

*What about in the posterior pole?*

Two manifestations are common:

--a salt-and-pepper retinopathy

--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

*What are the classic nonocular findings associated with congenital syphilis?*

---**Circumoral scars**

--Hutchinson teeth

--Saddle nose

--Saber shins

--Mental retardation

--CN8 deafness

---*What is the formal term for these circumoral scars?*
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

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What are the classic nonocular findings associated with congenital syphilis?

--**Circumoral scars**
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

What is the formal term for these circumoral scars?
‘Rhagades’
Congenital syphilis: Circumoral scars
Uveitis: **Syphilis**

**Congenital Syphilis**

*What is the most common ocular manifestation of congenital syphilis?*  
Interstitial keratitis

*What about in the posterior pole?*  
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--**Hutchinson teeth**  
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---

1) The uveitis is profiled  
2) The profiled case is meshed  
3) A differential diagnosis list is generated  
4) Studies are obtained to identify the etiology  
5) Treatment appropriate for the etiology is initiated
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

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What are the classic nonocular findings associated with congenital syphilis?
-- Circumoral scars
-- **Hutchinson teeth**
  *What is the classic description of Hutchinson teeth?*
  ‘Peg-shaped’
-- Saddle nose
-- Saber shins
-- Mental retardation
-- CN8 deafness
Congenital syphilis: Hutchinson teeth
Uveitis:  **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
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--Saber shins
--Mental retardation
--CN8 deafness

What is the classic description of Hutchinson teeth?
‘Peg-shaped’

Name two other congenital eye syndromes that are associated with abnormal dentition:
--
--
**Uveitis: Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

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--CN8 deafness

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‘Peg-shaped’

Name two other congenital eye syndromes that are associated with abnormal dentition:
--Axenfeld-Rieger syndrome
--Incontinentia pigmenti
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
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-- Saber shins
-- Mental retardation
-- CN8 deafness

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‘Peg-shaped’

Name two other congenital eye syndromes that are associated with abnormal dentition:
-- **Axenfeld-Rieger syndrome**
-- Incontinentia pigmenti

In three words, what sort of condition is Axenfeld-Reiger?
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

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--Saber shins
--Mental retardation
--CN8 deafness

What is the classic description of Hutchinson teeth?
‘Peg-shaped’

Name two other congenital eye syndromes that are associated with abnormal dentition:
--**Axenfeld-Rieger syndrome**
--Incontinentia pigmenti

In three words, what sort of condition is Axenfeld-Reiger?
An **anterior-segment dysgenesis**
Uveitis: **Syphilis**

**Congenital Syphilis**

_What is the most common ocular manifestation of congenital syphilis?_
Interstitial keratitis

_What about in the posterior pole?_
Two manifestations are common:
--a salt-and-pepper retinopathy
--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

_What are the classic nonocular findings associated with congenital syphilis?_
--Circumoral scars
--**Hutchinson teeth**
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

_What is the classic description of Hutchinson teeth?_
‘Peg-shaped’

_Name two other congenital eye syndromes that are associated with abnormal dentition:_
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--Incontinentia pigmenti

_In three words, what sort of condition is Axenfeld-Reiger?_
An **anterior-segment dysgenesis**

_If limited to one word, what sort of condition is Axenfeld-Reiger?_
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Interstitial keratitis

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--Incontinentia pigmenti

In three words, what sort of condition is Axenfeld-Reiger?
An anterior-segment dysgenesis

If limited to one word, what sort of condition is Axenfeld-Reiger?
A neurocristopathy
What is the most common ocular manifestation of congenital syphilis? Interstitial keratitis

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--Saddle nose
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--CN8 deafness

What is the classic description of Hutchinson teeth? ‘Peg-shaped’

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--Incontinentia pigmenti

In three words, what sort of condition is Axenfeld-Reiger?
An anterior-segment dysgenesis

If limited to one word, what sort of condition is Axenfeld-Reiger?
A neurocristopathy

In one word, what sort of condition is incontinentia pigmenti?
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis? Interstitial keratitis

What about in the posterior pole? Two manifestations are common:
--a salt-and-pepper retinopathy
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What are the classic nonocular findings associated with congenital syphilis?
--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

**What is the classic description of Hutchinson teeth?**
‘Peg-shaped’

**Name two other congenital eye syndromes that are associated with abnormal dentition:**
--Axenfeld-Rieger syndrome
--*Incontinentia pigmenti*

**In three words, what sort of condition is Axenfeld-Reiger?**
An **anterior-segment dysgenesis**

**If limited to one word, what sort of condition is Axenfeld-Reiger?**
A **neurocristopathy**

**In one word, what sort of condition is incontinentia pigmenti?**
A **phakomatosis**
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

What about in the posterior pole?
Two manifestations are common:
-- a salt-and-pepper retinopathy
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What are the classic nonocular findings associated with congenital syphilis?
-- Circumoral scars
-- Hutchinson teeth
-- Saddle nose
-- **Saber shins**
-- Mental retardation
-- CN8 deafness

*Why saber shins; ie, to what does this term refer?*
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

What about in the posterior pole?
Two manifestations are common:
--a salt-and-pepper retinopathy
--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What are the classic nonocular findings associated with congenital syphilis?
--Circumoral scars
--Hutchinson teeth
--Saddle nose

**Saber shins**
--Mental retardation
--CN8 deafness

Why saber shins; *ie, to what does this term refer?*
It refers to the fact that the tibia of congenital-syphilis pts tend to be shaped like a saber, a type of sword (Google it)
Congenital syphilis: Saber shins
What is the most common ocular manifestation of congenital syphilis?
Interstitial keratitis

What about in the posterior pole?
Two manifestations are common:
--a salt-and-pepper retinopathy
--a retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What are the classic nonocular findings associated with congenital syphilis?
--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

In the context of congenital syphilis, what three findings constitute **Hutchinson's triad**?
--
--
--
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

*Interstitial keratitis*

What about in the posterior pole?

Two manifestations are common:

-- A salt-and-pepper retinopathy
-- A retinitis pigmentosa (RP)-like presentation: ONH pallor, arteriolar narrowing, RPE clumping

What are the classic nonocular findings associated with congenital syphilis?

-- Circumoral scars
-- **Hutchinson teeth**
-- Saddle nose
-- Saber shins
-- Mental retardation
-- **CN8 deafness**

*In the context of congenital syphilis, what three findings constitute Hutchinson's triad?*

-- Interstitial keratitis
-- Deafness
-- **Hutchinson teeth**
What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

What about in the posterior pole?

Two manifestations are common:

--- A salt-and-pepper retinopathy
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What are the classic nonocular findings associated with congenital syphilis?

--- Circumoral scars
--- Hutchinson teeth
--- Saddle nose
--- Saber shins
--- Mental retardation
--- CN8 deafness

Recall that Cogan's syndrome is marked by IK and CN8 dysfunction. If a pt presents with both of these, how can you determine whether they have Cogan’s syndrome vs congenital syphilis?

1)

2)
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

What about in the posterior pole?

Two manifestations are common:
--A salt-and-pepper retinopathy
--A retinitis pigmentosa (RP)-like presentation

What are the classic nonocular findings associated with congenital syphilis?

--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

Recall that Cogan’s syndrome is marked by IK and CN8 dysfunction. If a pt presents with both of these, how can you determine whether they have Cogan’s syndrome vs congenital syphilis?

1) The IK of congenital syphilis presents at age 9, whereas Cogan’s presents in two words
2) The congenital syphilis pt with have the other stigmata of their condition, which are not present in Cogan’s syndrome
What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

What about in the posterior pole?

Two manifestations are common:

--a salt-and-pepper retinopathy
--a retinitis pigmentosa (RP)-like presentation

What are the classic nonocular findings associated with congenital syphilis?

--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness

Recall that Cogan’s syndrome is marked by IK and CN8 dysfunction.

*If a pt presents with both of these, how can you determine whether they have Cogan’s syndrome vs congenital syphilis?*

1) The IK of congenital syphilis presents at age 9, whereas Cogan’s presents in young adulthood
2) The congenital syphilis pt with have the other stigmata of their condition, which are not present in Cogan’s syndrome
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Intermediate

Posterior

Panuveitis

Acquired Syphilis
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they?*

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Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they?

--Primary syphilis
--Secondary syphilis
--Latency period
--Tertiary syphilis
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they?*

*How much time typically passes between inoculation and the onset of primary syphilis?*

--*Primary syphilis*

--Secondary syphilis

--Latency period

--Tertiary syphilis
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they?
(~3 weeks post inoculation)
--Primary syphilis
--Secondary syphilis
--Latency period
--Tertiary syphilis
Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--**Primary syphilis** is characterized by…

--Secondary syphilis
--Latency period
--Tertiary syphilis
Syphilis infection passes through four stages—what are they? How do they manifest?

(3 weeks post inoculation)

Primary syphilis is characterized by… the appearance of a chancre at the site of inoculation.

Secondary syphilis

Latency period

Tertiary syphilis
Syphilis infection passes through four stages--what are they? How do they manifest? (~3 weeks post inoculation)

--**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

--Secondary syphilis
--Latency period
--Tertiary syphilis
Acquired Syphilis: Overview

Syphilis infection passes through four stages—what are they? How do they manifest? (~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a **chancre** at the site of inoculation

--Secondary syphilis

--Latency period

--Tertiary syphilis

**What is a chancre?**
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest? (~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a chancre at the site of inoculation
--Secondary syphilis
--Latency period
--Tertiary syphilis

What is a chancre?
An ulcerated lesion
Primary syphilis: Chancre
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages--what are they? How do they manifest?

- **Primary syphilis** is characterized by…the appearance of a **chancre** at the site of inoculation
- **Secondary syphilis**
- **Latency period**
- **Tertiary syphilis**

---

**What is a chancre?**

An ulcerated lesion

**Is it painful, or painless?**
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--**Primary syphilis** is characterized by…the appearance of a **chancre** at the site of inoculation

--Secondary syphilis
--Latency period
--Tertiary syphilis

**What is a chancre?**
An ulcerated lesion

**Is it painful, or painless?**
Painless
Syphilis infection passes through four stages--what are they? How do they manifest? (~3 weeks post inoculation)

--- **Primary syphilis** is characterized by…the appearance of a **chancre** at the site of inoculation

--- **Secondary syphilis**

--- **Latency period**

--- **Tertiary syphilis**

What is a chancre?
An ulcerated lesion

Is it painful, or painless?
Painless

Does it linger, or resolve spontaneously?
Syphilis infection passes through four stages—what are they? How do they manifest? (~3 weeks post inoculation)

--Primary syphilis is characterized by...the appearance of a chancre at the site of inoculation

--Secondary syphilis
--Latency period
--Tertiary syphilis

What is a chancre?
An ulcerated lesion

Is it painful, or painless?
Painless

Does it linger, or resolve spontaneously?
Resolves spontaneously
Uveitis: **Syphilis**

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest? (~3 weeks post inoculation)

---Primary syphilis is characterized by…the appearance of a **chancre** at the site of inoculation

---Secondary syphilis

---Latency period

---Tertiary syphilis

**What is a chancre?**
An ulcerated lesion

**Is it painful, or painless?**
Painless

**Does it linger, or resolve spontaneously?**
Resolves spontaneously

**How long does it take to resolve?**
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages--what are they? How do they manifest?
(~3 weeks post inoculation)
--**Primary syphilis** is characterized by…the appearance of a **chancre** at the site of inoculation

--Secondary syphilis
--Latency period
--Tertiary syphilis

---

**What is a chancre?**
An ulcerated lesion

**Is it painful, or painless?**
Painless

**Does it linger, or resolve spontaneously?**
Resolves spontaneously

**How long does it take to resolve?**
Up to 3 months or so
Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a chancre at the site of inoculation

How much time typically passes between resolution of the chancre and the onset of secondary syphilis?

--Secondary syphilis

--Latency period

--Tertiary syphilis
Syphilis infection passes through four stages--what are they? How do they manifest?

- **Primary syphilis** is characterized by...the appearance of a chancre at the site of inoculation
- **Secondary syphilis**
  - Latency period
- **Tertiary syphilis**

---

**Acquired Syphilis: Overview**

1. The uveitis is profiled
2. The profiled case is meshed
3. A differential diagnosis list is generated
4. Studies are obtained to identify the etiology
5. Treatment appropriate for the etiology is initiated
Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--Primary syphilis is characterized by...the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--Secondary syphilis is characterized by... and a

--Latency period

--Tertiary syphilis
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they? How do they manifest?*

(~3 weeks post inoculation)

--**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

--Latency period

--**Tertiary syphilis**
Syphilis infection passes through four stages--what are they? How do they manifest?

- **Primary syphilis** is characterized by...the appearance of a chancre at the site of inoculation (~3 weeks post inoculation)
- **Secondary syphilis** is characterized by lymphadenopathy, and a **maculopapular rash** (~6 to 8 weeks after chancre resolution)
- **Latency period**
- **Tertiary syphilis**

Two areas of the body are particularly prone to development of the rash--what are they?
Uveitis: **Syphilis**

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

---**Primary syphilis** is characterized by...the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

---**Secondary syphilis** is characterized by lymphadenopathy, and a **maculopapular rash**

---Latency period

---**Tertiary syphilis**

Two areas of the body are particularly prone to development of the rash--what are they?
The palms and soles
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages—what are they? How do they manifest? (~3 weeks post inoculation)

--- **Primary syphilis** is characterized by… the appearance of a chancre at the site of inoculation (~6 to 8 weeks after chancre resolution)

--- **Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

--- **Latency period**

--- **Tertiary syphilis**

*What portion of untreated secondary syphilis cases go on to develop tertiary syphilis?*
Syphilis infection passes through four stages—what are they? How do they manifest?

(~3 weeks post inoculation) - **Primary syphilis** is characterized by...the appearance of a chancre at the site of inoculation
(~6 to 8 weeks after chancre resolution) - **Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash
---Latency period
---**Tertiary syphilis**

*What portion of untreated secondary syphilis cases go on to develop tertiary syphilis?* About 1/3
**Uveitis:**  *Syphilis*

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages—what are they? How do they manifest? (~3 weeks post inoculation)

--- **Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation (~6 to 8 weeks after chancre resolution)

--- **Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

--- **Latency period** How long does the latency period typically last?

--- **Tertiary syphilis**
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--Secondary syphilis is characterized by lymphadenopathy, and a maculopapular rash

--Latency period of one year to many decades

--Tertiary syphilis
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they? How do they manifest?*

(~3 weeks post inoculation)

---**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

---**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

---**Latency period** of one year to many decades

---**Tertiary syphilis** is characterized by one of three patterns:
Syphilis infection passes through four stages--what are they? How do they manifest?
(~3 weeks post inoculation)

--**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation
(~6 to 8 weeks after chancre resolution)

--**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash
--**Latency period** of one year to many decades

--**Tertiary syphilis** is characterized by one of three patterns:
----Benign tertiary syphilis
----Cardiovascular syphilis
----Neurosyphilis
Syphilis infection passes through four stages--what are they? How do they manifest?

(3 weeks post inoculation)

--**Primary syphilis** is characterized by the appearance of a chancre at the site of inoculation

(6 to 8 weeks after chancre resolution)

--**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

--**Latency period** of one year to many decades

--**Tertiary syphilis** is characterized by one of three patterns:

----**Benign tertiary syphilis:** (chief manifestation?)

----**Cardiovascular syphilis**

----**Neurosyphilis**
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they? How do they manifest?*

(3 weeks post inoculation)

---**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

---**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

---**Latency period** of one year to many decades

---**Tertiary syphilis** is characterized by one of three patterns:

----**Benign tertiary syphilis**: Gummas

----Cardiovascular syphilis

----Neurosyphilis
Syphilis infection passes through four stages--what are they? How do they manifest? (~3 weeks post inoculation)

--**Primary syphilis** is characterized by...the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--**Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash

--**Latency period** of one year to many decades

--**Tertiary syphilis** is characterized by one of three patterns:

----**Benign tertiary syphilis:** Gummas

----Cardiovascular syphilis

----Neurosyphilis

**What are gummas?**
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--Secondary syphilis is characterized by lymphadenopathy, and a maculopapular rash

--Latency period of one year to many decades

--Tertiary syphilis is characterized by one of three patterns:

----Benign tertiary syphilis: Gummas

----Cardiovascular syphilis

----Neurosyphilis

What are gummas?
Benign inflammatory tumors--granulomas, essentially
Syphilis infection passes through four stages—what are they? How do they manifest?

(~3 weeks post inoculation)
--**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation
(~6 to 8 weeks after chancre resolution)
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--**Tertiary syphilis** is characterized by one of three patterns:

----**Benign tertiary syphilis:** Gummas
----Cardiovascular syphilis
----Neurosyphilis

*What are gummas?*
Benign inflammatory tumors--granulomas, essentially

*Where are they located?*
Uveitis: **Syphilis**

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest?
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----**Benign tertiary syphilis**: Gummas
----Cardiovascular syphilis
----Neurosyphilis

*What are gummas?*
Benign inflammatory tumors--granulomas, essentially

*Where are they located?*
They can be found anywhere but have a predilection for the **organ** and the **organ**
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages--what are they? How do they manifest?

- **Primary syphilis** is characterized by the appearance of a chancre at the site of inoculation (~3 weeks post inoculation)
- **Secondary syphilis** is characterized by lymphadenopathy, and a maculopapular rash (~6 to 8 weeks after chancre resolution)
- **Latency period** of one year to many decades
- **Tertiary syphilis** is characterized by one of three patterns:
  - **Benign tertiary syphilis**: Gummas
  - Cardiovascular syphilis
  - Neurosyphilis

*What are gummas?*
Benign inflammatory tumors--granulomas, essentially

*Where are they located?*
They can be found anywhere but have a predilection for the liver and the skin
Tertiary syphilis: Gummas
Tertiary syphilis: Ulcerated gumma
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages--what are they? How do they manifest?

(~3 weeks post inoculation)

--Primary syphilis is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

--Secondary syphilis is characterized by lymphadenopathy, and a maculopapular rash

--Latency period of one year to many decades

--Tertiary syphilis is characterized by one of three patterns:

----Benign tertiary syphilis: Gummas

----Cardiovascular syphilis: (chief manifestation?)

----Neurosyphilis
**Uveitis: Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they? How do they manifest?*

(3 weeks post inoculation)

--**Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

(~6 to 8 weeks after chancre resolution)

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----**Cardiovascular syphilis**: Aortic syphilitis

----Neurosyphilis
Syphilis infection passes through four stages--what are they? How do they manifest?

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  - Neurosyphilis

*What is the feared, life-threatening sequelae of syphilitic aortitis?*
Uveitis: Syphilis

Acquired Syphilis: Overview

Syphilis infection passes through four stages—what are they? How do they manifest?
(~3 weeks post inoculation)
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----Benign tertiary syphilis: Gummas
----Cardiovascular syphilis: Aortic syphilitis
----Neurosyphilis

What is the feared, life-threatening sequelae of syphilitic aortitis?
Formation of an aortic aneurysm
Tertiary syphilis: Aortic aneurysm
Syphilis infection passes through four stages--what are they? How do they manifest?

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(~6 to 8 weeks after chancre resolution)

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--**Tertiary syphilis** is characterized by one of three patterns:

----Benign tertiary syphilis: Gummas

----Cardiovascular syphilis: Aortic syphilis

----**Neurosyphilis:** (chief manifestation?)
Uveitis: **Syphilis**

*Acquired Syphilis: Overview*

*Syphilis infection passes through four stages--what are they? How do they manifest?*  
(~3 weeks post inoculation)
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----**Neurosyphilis**: tabes dorsalis, including Argyll-Robertson pupils
Syphilis infection passes through four stages--what are they? How do they manifest?

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What is tabes dorsalis?
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    ----Neurosyphilis: tabes dorsalis including Argyll-Robertson pupils

What is tabes dorsalis?
A degenerative neurologic condition characterized by a variety of sensory and motor abnormalities
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What is tabes dorsalis?
A degenerative neurologic condition characterized by a variety of sensory and motor abnormalities

What is the phenomenon known as Argyll-Robertson (A-R) pupils?
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

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  - Cardiovascular syphilis: Aortic syphilitis
  - Neurosyphilis: tabes dorsalis, Argyll-Robertson pupils

What is tabes dorsalis?
A degenerative neurologic condition characterized by a variety of sensory and motor abnormalities

What is the phenomenon known as Argyll-Robertson (A-R) pupils?
A component of tabes dorsalis characterized by light-near dissociation
Syphilis infection passes through four stages—what are they? How do they manifest?

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**What is tabes dorsalis?**
A degenerative neurologic condition characterized by a variety of sensory and motor abnormalities.

**What is the phenomenon known as Argyll-Robertson (A-R) pupils?**
A component of tabes dorsalis characterized by light-near dissociation

**What does light-near dissociation mean in this context?**
Syphilis infection passes through four stages--what are they? How do they manifest?
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Argyll-Robertson pupils

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What does light-near dissociation mean in this context?
A-R pupils do not miose in response to light, but do so briskly in response to the near reflex
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A-R pupils do not miose in response to light, but do so briskly in response to the near reflex

**Two descriptors typically apply to the appearance of A-R pupils—what are they?**

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Syphilis infection passes through four stages--what are they? How do they manifest?
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----Benign tertiary syphilis: Gummas
----Cardiovascular syphilis: Aortic syphilis
----**Neurosyphilis** (tabes dorsalis, Argyll-Robertson pupils)

What is tabes dorsalis?
A degenerative neurologic condition characterized by a **variety of sensory and motor abnormalities**

What is the phenomenon known as Argyll-Robertson (A-R) pupils?
A component of tabes dorsalis characterized by light-near dissociation

What does light-near dissociation mean in this context?
A-R pupils do not miose in response to light, but do so briskly in response to the near reflex

Two descriptors typically apply to the appearance of A-R pupils--what are they?
---They are **size**
---They are **shape**
**Uveitis: Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages—what are they? How do they manifest?

(∼3 weeks post inoculation)
- **Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

(∼6 to 8 weeks after chancre resolution)
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  - Benign tertiary syphilis: Gummas
  - Cardiovascular syphilis: Aortic syphilis
  - **Neurosyphilis**: tabes dorsalis

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What is tabes dorsalis?
A degenerative neurologic condition characterized by **a variety of sensory and motor abnormalities**

What is the phenomenon known as Argyll-Robertson (A-R) pupils?
A component of tabes dorsalis characterized by light-near dissociation

What does light-near dissociation mean in this context?
A-R pupils do not miose in response to light, but do so briskly in response to the near reflex

Two descriptors typically apply to the appearance of A-R pupils—what are they?
- They are small
- They are irregular
Tertiary syphilis: Tabes dorsalis: Argyll-Robertson pupils
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

Syphilis infection passes through four stages--what are they? How do they manifest?

(3 weeks post inoculation)

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--- **Tertiary syphilis** is characterized by one of three patterns:

--- Benign tertiary syphilis: Gummas

--- Cardiovascular syphilis: Aortic syphilis

--- **Neurosyphilis**: tabes dorsalis

What is tabes dorsalis?

A degenerative neurologic condition characterized by a **variety of sensory and motor abnormalities**

**What are some of the ‘non A-R pupils’ findings of tabes dorsalis?**

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Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

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---- Cardiovascular syphilis: Aortic syphilitis
---- **Neurosyphilis** tabes dorsalis including Argyll-Robertson pupils

**What is tabes dorsalis?**
A degenerative neurologic condition characterized by a **variety of sensory and motor abnormalities**

**What are some of the ‘non A-R pupils’ findings of tabes dorsalis?**
-- Loss of reflexes, which leads eventually to joint damage (ie, **Charcot joints**)
-- Pain, parasthesias
-- A foot-slapping gait
Syphilis infection passes through four stages—what are they? How do they manifest?

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----**Neurosyphilis** (tabes dorsalis) including Agyll-Robertson pupils

**What is tabes dorsalis?**
A degenerative neurologic condition characterized by **a variety of sensory and motor abnormalities**

**What are some of the ‘non A-R pupils’ findings of tabes dorsalis?**
--Loss of reflexes, which leads eventually to joint damage (ie, *Charcot joints*)
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Uveitis: Syphilis

Acquired Syphilis: Overview

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----Cardiovascular syphilis: Aortic syphilitis

----Neurosyphilis: tabes dorsalis, including Argyll-Robertson pupils

*At which stage can/does uveitis occur?*
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

*Syphilis infection passes through four stages--what are they? How do they manifest?*

(~3 weeks post inoculation)

-- **Primary syphilis** is characterized by…the appearance of a chancre at the site of inoculation

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-- **Tertiary syphilis** is characterized by one of three patterns:
  ---- Benign tertiary syphilis: Gummas
  ---- Cardiovascular syphilis: Aortic syphilis
  ---- Neurosyphilis: tabes dorsalis, including Argyll-Robertson pupils

*At which stage can/does uveitis occur?*

Any stage. That said, uveitis in a pt with serologic evidence of untreated syphilis should be considered neurosyphilis until proven otherwise.
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Intermediate

Posterior

Panuveitis

Acquired Syphilis
Uveitis: **Anterior**

Key distinction
*(not uni- vs bilateral)*

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2) The profiled case is meshed
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4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous

**Key distinction**
*(not uni- vs bilateral)*

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Uveitis: *Anterior*

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**Granulomatous**

**Nongranulomatous**

*Key distinction (not uni- vs bilateral)*
Uveitis: **Anterior**

- **Granulomatous**
- **Nongranulomatous**
  - **Acute**
  - **Chronic**

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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Uveitis: \textit{Anterior}

- Granulomatous
- Nongranulomatous

  - Acute
  - Chronic

? Finally! ?

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous
  - Acute
    - Unilateral
  - Chronic
    - Bilateral

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

**Granulomatous**
- TB
- **Syphilis**
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

**Nongranulomatous**

**Acute**
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
  - Sarcoid
  - **Syphilis**
  - HSV/VZV
  - TB

- Bilateral
  - TINU
  - Behçet
  - Drug rxn
  - Leptospirosis
  - Sarcoid
  - **Syphilis**
  - IBD/PA
  - TB

**Chronic**
- JIA
- FHI
- IBD/PAHLA-B27 dz
- HSV/VZV
- TB
- **Syphilis**
- TB

*Bear in mind, acquired syphilis can present as any form of anterior uveitis!*
Is syphilitic anterior uveitis more likely to present granulomatously, or nongranulomatosely?
Uveitis: **Anterior**

Granulomatous
- TB
- **Syphilis**
- Sarcoid
- HSV
- VKH
- Toxoplasmosis
- Lyme

Nongranulomatous

Acute
- Unilateral
  - HLA-B27 dz
  - Posner-Schlossman
  - Sarcoid
  - **Syphilis**
  - HSV/VZV
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  - Drug rxn
  - Leptospirosis
  - Sarcoid
  - **Syphilis**
  - IBD/PA
  - TB

Chronic
- JIA
- FHI
- IBD/PA
- Sarcoid
- **Syphilis**
- TB

---

*Is syphilitic anterior uveitis more likely to present granulomatously, or nongranulomatously?*

The BCSC book does not address this question; however, other sources suggest it is more likely to be **granulomatous**
Uveitis: **Anterior**

- **Granulomatous**
  - TB
  - Syphilis
  - Sarcoid
  - HSV
  - VKH
  - Toxoplasmosis
  - Lyme

- **Nongranulomatous**
  - **Acute**
    - Unilateral
      - HLA-B27 dz
      - Posner-Schlossman
      - Sarcoid
      - **Syphilis**
      - HSV/VZV
      - TB
    - Bilateral
      - TINU
      - Behçet
      - Drug rxn
      - Leptospirosis
      - Sarcoid
      - **Syphilis**
      - IBD/PA
      - TB

  - **Chronic**
    - JIA
    - FHI
    - IBD/PA
    - Sarcoid
    - Syphilis
    - TB

Is syphilitic anterior uveitis more likely to present unilaterally, or bilaterally?
Is syphilitic anterior uveitis more likely to present unilaterally, or bilaterally?
Again, the BCSC book does not address this question, but other sources suggest it is about 50:50
Uveitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

Anterior

Posterior

Intermediate

Panuveitis

Acquired syphilis can present as an intermediate uveitis...

Acquired Syphilis
Acquired syphilis can present as an intermediate uveitis...
And as any form of posterior uveitis as well.
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

Choroiditis

Retinitis

Neuroretinitis

(And as any form of posterior uveitis as well.)

*Bearing this in mind*…
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

Choroiditis

Retinitis

Neuroretinitis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

(And as any form of posterior uveitis as well.)

*Bearing this in mind…*

What is the *most common* posterior manifestation?
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

(And as any form of posterior uveitis as well.)

*Bearing this in mind…*

*What is the most common posterior manifestation?*

Chorioretinitis
Uveitis: Posterior

Chorioretinitis or Retinochoroiditis

(And as any form of posterior uveitis as well.)

Bearing this in mind…

What is the most common posterior manifestation?
Chorioretinitis

Is the chorioretinitis focal, or multifocal?
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

(And as any form of posterior uveitis as well.)

*Bearing this in mind…*

*What is the most common posterior manifestation?*  
Chorioretinitis

*Is the chorioretinitis focal, or multifocal?*  
Both are known to occur, but multifocal is probably more common
Uveitis: **Posterior**

(And as any form of posterior uveitis as well.)

**Bearing this in mind…**

*What is the most common posterior manifestation?*

Chorioretinitis

*Is the chorioretinitis focal, or multifocal?*

Both are known to occur, but multifocal is probably more common

*What do the lesions look like?*
Uveitis: *Posterior*

Chorioretinitis or Retinochoroiditis

Choroiditis

Retinitis

Neuroretinitis

(And as any form of posterior uveitis as well.)

Bearing this in mind…

*What is the most common posterior manifestation?*
Chorioretinitis

*Is the chorioretinitis focal, or multifocal?*
Both are known to occur, but multifocal is probably more common

*What do the lesions look like?*
They are usually fairly small, and yellowish-gray
Tertiary syphilis: Multifocal chorioretinitis
Uveitis: *Posterior*

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
5) Treatment appropriate for the etiology is initiated

(And as any form of posterior uveitis as well.)

**Bearing this in mind…**

*What is the most common posterior manifestation?*
Chorioretinitis

*Is the chorioretinitis focal, or multifocal?*
Both are known to occur, but multifocal is probably more common

*What do the lesions look like?*
They are usually fairly small, and yellowish-gray

*Is the chorioretinitis accompanied by vitritis?*
Chorioretinitis or Retinochoroiditis

What is the most common posterior manifestation?
Chorioretinitis

Is the chorioretinitis focal, or multifocal?
Both are known to occur, but multifocal is probably more common

What do the lesions look like?
They are usually fairly small, and yellowish-gray

Is the chorioretinitis accompanied by vitritis?
Generally yes
Uveitis: *Posterior*

(And as any form of posterior uveitis as well.)

Bearing this in mind…

**What is the most common posterior manifestation?**
Chorioretinitis

**Is the chorioretinitis focal, or multifocal?**

*Syphilitic chorioretinopathy can present with placoid lesions. What is this condition called?*
Uveitis: **Posterior**

(And as any form of posterior uveitis as well.)

Bearing this in mind…

What is the **most common** posterior manifestation?
Chorioretinitis

Is the chorioretinitis focal, or multifocal?

*Syphilitic chorioretinopathy can present with placoid lesions. What is this condition called?*

Acute syphilitic posterior placoid chorioretinopathy (ASPPC)
Tertiary syphilis: ASPPC
Chorioretinitis or Retinochoroiditis

1) The uveitis is profiled
2) The profiled case is meshed
3) A differential diagnosis list is generated
4) Studies are obtained to identify the etiology
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Uveitis: Posterior

Chorioretinitis or Retinochoroiditis

Choroiditis

Retinitis

Neuroretinitis

(And as any form of posterior uveitis as well.)

Bearing this in mind…

What is the most common posterior manifestation?
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Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

This name should remind you of one of the so-called ‘white dot syndromes.’ Which one?
**Uveitis: Posterior**

- **Chorioretinitis** or **Retinochoroiditis**
- **Retinitis**
- **Neuroretinitis**
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Acute posterior multifocal placoid pigment epitheliopathy (APMPPE)
Tertiary syphilis: ASPPC

APMPPE
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The FA results in ASPPC is similar to that of APMPPE. What is the classic FA sequence of APMPPE?
Uveitis: **Posterior**

- Chorioretinitis or Retinochoroiditis
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*The FA results in ASPPC is similar to that of APMPPE.** What is the classic FA sequence of APMPPE? The placoid lesions **block early, stain late.**
Uveitis: **Posterior**

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Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPPE patients (usually) aren’t
Uveitis: *Posterior*

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**Syphilitic chorioretinopathy can present with placoid lesions. What is this condition called?**
- Acute syphilitic posterior placoid chorioretinopathy (ASPPC)

---

**Syphilitic chorioretinopathy in immunocompromised pts can present in another manner--what is it, ie, what is its appearance on DFE?**
- With large confluent areas of retinal whitening

---

Are there any factors in the clinical history to push you toward one or the other?

Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPPE patients (usually) aren’t
**Uveitis: Posterior**

- Choroiditis
- **Chorioretinitis** or Retinochoroiditis
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Acute Syphilitic Chorioretinopathy

This can present in another manner—what is it, ie, what is its appearance on DFE?

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The placoid lesions ‘block early, stain late.’

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Acute syphilitic chorioretinopathy

This chorioretinopathy can present in another manner—what is it, ie, what is its appearance on DFE?

With large confluent areas of retinal whitening

The placoid lesions ‘block early, stain late.’

**ASPPC looks like APMPPE; what dreaded condition does this ‘retinal whitening’ form of syphilitic chorioretinopathy in immunocompromised pts look like?**

Acute retinal necrosis (ARN)

Are there any factors in the clinical history to push you toward one or the other?

Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPPE patients (usually) aren’t
And of course, acquired syphilis can present as a panuveitis.
Uveitis: **Syphilis**

*Acquired Syphilis: Diagnosis*

Serologic tests for syphilis are divided into two categories—what are they?
Uveitis: *Syphilis*

**Acquired Syphilis: Diagnosis**

Serologic tests for syphilis are divided into two categories—what are they? **Treponemal** and **nontreponemal** tests
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Uveitis: 

**Syphilis**

Acquired Syphilis: Diagnosis

SeroLogic tests for syphilis are divided into two categories–what are they? **Treponemal** and **nontreponemal** tests

*What does it mean to say a test is treponemal vs nontreponemal?*
Uveitis: **Syphilis**

**Acquired Syphilis: Diagnosis**

SeroLogic tests for syphilis are divided into two categories—what are they? **Treponemal** and **nontreponemal** tests

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Uveitis: **Syphilis**

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*What does each acronym stand for?*

--**RPR:**
Uveitis: **Syphilis**

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---Nontreponemal: **RPR; VDRL**

---Treponemal: **FTA-ABS; MHA-TP**

What does each acronym stand for?

---**RPR**: Rapid plasma reagin

---**VDRL**: Veneral disease research laboratory
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Nontreponemal: High sensitivity, and titers four words
Treponemal:
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**Nontreponemal:** High sensitivity, and titers correlate with disease activity. **Frequent false-positives.**

**Treponemal:** High positive-predictive value

What conditions are notorious for yielding a false-positive nontreponemal test?
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*What conditions are notorious for yielding a false-positive nontreponemal test?*

SLE; hx of IVDU; many infectious conditions. Even ‘advanced age’ is thought to cause a FP nontreponemal test in some cases.
Uveitis: **Syphilis**

*Acquired Syphilis: Diagnosis*

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How should the various tests be employed in diagnosing syphilis?
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The BCSC *Uveitis* book does not provide a specific step-by-step algorithm in this regard. The combination of RPR and a treponemal test is probably a reasonable starting point.
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Serologic tests for syphilis are divided into two categories—what are they? Treponemal and nontreponemal tests.

What does it mean to say a test is treponemal vs nontreponemal?
Nontreponemal tests measure antibodies against cardiolipin, a phospholipid released during syphilis infection. Treponemal tests measure antibodies directed against the *T. pallidum* organism itself.

Which commonly-performed tests are in which category?
- Nontreponemal: RPR; VDRL
- Treponemal: FTA-ABS; MHA-TP

What is/are the main advantage(s) of the test-categories? Main disadvantage(s)?
- **Nontreponemal**: High sensitivity, and titers correlate with disease activity. Frequent false-positives.
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**If a uveitis pt’s serology indicates it is syphilitic, what maneuver/test should be performed?**
Lumbar puncture with CSF evaluation for syphilis, along with cell count and protein

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VDRL is probably the preferred test.
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What is the preferred treatment for syphilis?
Uveitis: **Syphilis**

*Acquired Syphilis: Treatment*

*What is the preferred treatment for syphilis?*

IV penicillin G
Uveitis: **Syphilis**

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**There is none.** The pt must undergo penicillin desensitization, then the course of Pen G.