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

When talking about the manifestations of syphilis, this distinction must be considered first:

Syphilis
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

Acquired

When talking about the manifestations of syphilis, this distinction must be considered first:

Congenital

Syphilis
When talking about the manifestations of syphilis, this distinction must be considered first:
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**

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

*In general terms, what is interstitial keratitis (IK)?*
Uveitis: Syphilis

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

In general terms, what is interstitial keratitis (IK)?

An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.
What is the most common ocular manifestation of congenital syphilis?

Interstitial keratitis

In general terms, what is interstitial keratitis (IK)?
An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium

What does it mean to say the corneal stroma is inflamed?
What is the most common ocular manifestation of congenital syphilis?

Interstitial keratitis

In general terms, what is interstitial keratitis (IK)?
An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium

What does it mean to say the corneal stroma is inflamed?
It means inflammatory cells are present in the interlamellar stroma
What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

*In general terms, what is interstitial keratitis (IK)?*
An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium

*What does it mean to say the corneal stroma is inflamed?*
It means inflammatory cells are present in the interlamellar stroma

*So, there’s pus in the stroma?*
What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

*In general terms, what is interstitial keratitis (IK)?*

An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

*What does it mean to say the corneal stroma is inflamed?*

It means inflammatory cells are present in the interlamellar stroma.

*So, there’s pus in the stroma?*

No--IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

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*So, there’s pus in the stroma?*

No--IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

*At what age does the IK of congenital syphilis typically present?*
Uveitis: *Syphilis*

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

*In general terms, what is interstitial keratitis (IK)?*
An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium

*What does it mean to say the corneal stroma is inflamed?*
It means inflammatory cells are present in the interlamellar stroma

*So, there’s pus in the stroma?*
No–IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

*At what age does the IK of congenital syphilis typically present?*
Around age 9
Uveitis: Syphilis

Congenital Syphilis

What is the most common ocular manifestation of congenital syphilis?

Interstitial keratitis

*In general terms, what is interstitial keratitis (IK)?*
An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium

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*At what age does the IK of congenital syphilis typically present?*
Around age 9 years
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

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*In general terms, what is interstitial keratitis (IK)?*
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*At what age does the IK of congenital syphilis typically present?*
Around age 9 years

*How does it present?*
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis? 

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*So, there’s pus in the stroma?*
No—IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

*At what age does the IK of congenital syphilis typically present?*
Around age 9 years

*How does it present?*
Pain, photophobia and injection, +/- a salmon patch.
**Uveitis: Syphilis**

**Congenital Syphilis**

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

In general terms, what is interstitial keratitis (IK)? An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

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So, there’s pus in the stroma? No—IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

At what age does the IK of congenital syphilis typically present? Around age 9 years.

How does it present? Pain, photophobia and injection, +/- a **salmon patch**.

*With respect to IK, to what does the term salmon patch refer?*
**Uveitis: Syphilis**

**Congenital Syphilis**

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

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So, there’s pus in the stroma?
No--IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

At what age does the IK of congenital syphilis typically present?
Around age 9 years.

How does it present?
Pain, photophobia and injection, +/- a **salmon patch**.

With respect to IK, to what does the term **salmon patch** refer?
As the disease progresses, 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.
Uveitis: **Syphilis**

**Congenital Syphilis**

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

- **Interstitial keratitis**

**In general terms, what is interstitial keratitis (IK)?**

An inflammatory condition of the corneal stroma in the absence of primary involvement of either the corneal epithelium or endothelium.

**What does it mean to say the corneal stroma is inflamed?**

It means inflammatory cells are present in the interlamellar stroma.

**So, there’s pus in the stroma?**

No—IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

**At what age does the IK of congenital syphilis typically present?**

Around age 9 years.

**How does it present? How is it treated?**

Pain, photophobia and injection, +/- a salmon patch.
What is the most common ocular manifestation of congenital syphilis?

**Interstitial keratitis**

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Around age 9 years

*How does it present? How is it treated?*
Pain, photophobia and injection, +/- a salmon patch. With frequent topical steroids.
Uveitis: Syphilis

Congenital Syphilis

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Around age 9 years.

How does it present? How is it treated?
Pain, photophobia and injection, +/- a salmon patch. With frequent topical steroids.

What is the natural course of syphilitic IK if it goes untreated?
Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

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*At what age does the IK of congenital syphilis typically present?*

Around age 9 years.

*How does it present? How is it treated?*

Pain, photophobia and injection, +/- a salmon patch. With frequent topical steroids.

*What is the natural course of syphilitic IK if it goes untreated?*

It tends to burn itself out in a matter of days to weeks? Weeks to months? Months to years?
**Uveitis: Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

*Interstitial keratitis*

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It tends to burn itself out in a matter of weeks to months.
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It tends to burn itself out in a matter of weeks to months.

Irrespective of whether it was treated, what stigmata of resolved IK that may be seen at the slit lamp?

--
Uveitis: **Syphilis**

**Congenital Syphilis**

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*Irrespective of whether it was treated, what stigmata of resolved IK that may be seen at the slit lamp?*
--Formerly-perfused, now-empty stromal blood vessels (aka *ghost vessels*)
--Corneal scarring, which may produce visually significant haze and/or astigmatism
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Uveitis: *Syphilis*  

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What is the most common cause of IK (Hint: It’s not syphilis)?  
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.
Uveitis: **Syphilis**

**Congenital Syphilis**

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

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**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?

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Herpetic dz

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*At what age does the IK of congenital syphilis typically present?*

Around 9 years

*How does it present? How is it treated?*

Pain, photophobia, injection. With frequent topical steroids

*What is the natural course of syphilitic IK if it goes untreated?*

It tends to burn itself out in a matter of weeks to months

*Irrespective of whether it was treated, what stigmata of resolved IK that may be seen at the slit lamp?*

--Formerly-perfused, now-empty stromal blood vessels (aka *ghost vessels*)

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Uveitis: **Syphilis**

**Congenital Syphilis**

What is the most common ocular manifestation of congenital syphilis?  
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Cogan syndrome

How does it present? How is it treated?  
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What is the natural course of syphilitic IK if it goes untreated?  
It tends to burn itself out in a matter of weeks to months

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So, there’s pus in the stroma?

No—IK is a nonsuppurative condition. IK represents a Type IV hypersensitivity reaction to antigens within the corneal stroma.

At what age does the IK of congenital syphilis typically present?

Around age 9 years.

How does it present? How is it treated?

Pain, photophobia, and injection. With frequent topical steroids.

What is the natural course of syphilitic IK if it goes untreated?

It tends to burn itself out in a matter of weeks to months.

Irrespective of whether it was treated, what stigmata of resolved IK that may be seen at the slit lamp?

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

Cogan syndrome.
**Uveitis: Syphilis**

**Congenital Syphilis**

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

**Interstitial keratitis**

**In general terms, what is interstitial keratitis (IK)?**

An inflammatory condition of the cornea involving the absence of primary involvement of either the epithelium or endothelium.

**What is the most common cause of IK (Hint: It’s not syphilis)?**

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?**

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**How does Cogan syndrome present?**

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**So, the infectious causes of IK are:**

-- Herpesviruses
-- *T. pallidum*
-- *M. tuberculosis*, *M. leprae*, *B. burgdorferi*

**Noninfectious cause:**

Cogan syndrome

**How does Cogan syndrome present?**

With IK and CN8-related symptoms: deafness, tinnitus and vertigo

**What is the natural course of syphilitic IK if it goes untreated?**

It tends to burn itself out in a matter of weeks to months

**Irrespective of whether it was treated, what stigmata of resolved IK that may be seen at the slit lamp?**

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Uveitis: **Syphilis**

**Congenital Syphilis**

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

Interstitial keratitis

*What about in the posterior pole?*
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 something-and-something retinopathy
--a two words-like presentation: abbrev. + word two words abbrev. + word
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
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 is the other classic cause of congenital salt-and-pepper retinopathy?
Uveitis: **Syphilis**

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

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**Congenital Syphilis**

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

What about in the posterior pole?
Two manifestations are common:

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- **a salt-and-pepper retinopathy**
- **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
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?*

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Uveitis: Syphilis

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--Circumoral scars
--Hutchinson teeth
--Saddle nose
--Saber shins
--Mental retardation
--CN8 deafness
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What is the formal term for these circumoral scars?
Uveitis: *Syphilis*

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

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Uveitis: *Syphilis*

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Uveitis: *Syphilis*

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*Name two other congenital eye syndromes that are associated with abnormal dentition:*
--
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*In three words, what sort of condition is Axenfeld-Reiger?*
Uveitis: Syphilis

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

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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**
Uveitis: Syphilis

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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**

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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**

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*Why saber shins; ie, to what does this term refer?*
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What are the classic nonocular findings associated with congenital syphilis?
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--**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)
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?--
--
--
What is the most common ocular manifestation of congenital syphilis? 
Interstitial keratitis

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

**Interstitial keratitis**

What about in the posterior pole?

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--Circumoral scars
--Hutchinson teeth
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--Mental retardation
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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?

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What about in the posterior pole?

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--- 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
**Uveitis: Syphilis**

**Congenital Syphilis**

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--Circumoral scars
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--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

Posterior

Intermediate

Panuveitis

Acquired Syphilis
Uveitis: Syphilis

Acquired Syphilis: Overview

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

*Syrphilis infection passes through four stages--what are they?*  
(~3 weeks post inoculation)  
--**Primary syphilis**

--Secondary syphilis  
--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…

--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
Uveitis: **Syphilis**

**Acquired Syphilis: Overview**

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

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

What is a chancre?
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
Syphilis infection passes through four stages--what are they? How do they manifest?
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*What is a chancre?*
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*Is it painful, or painless?*
Uveitis: **Syphilis**

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Uveitis: Syphilis

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What is a chancre?
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Is it painful, or painless?
Painless

Does it linger, or resolve spontaneously?
Acquired Syphilis: Overview

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Resolves spontaneously

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

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

---

1) The uveitis is profiled
2) The profiled case is meshed
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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**

--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
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**Secondary syphilis** is characterized by 

--- 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

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

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--**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?*

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- **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?

- **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**

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

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About 1/3
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(~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)

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

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

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----Benign tertiary syphilis

----Cardiovascular syphilis

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

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

----**Cardiovascular syphilis**

----**Neurosyphilis**
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

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**Uveitis: Syphilis**

**Acquired Syphilis: Overview**

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*What are gummas?*
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----**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?

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  - **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? (~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

*Where are they located?*

They can be found anywhere but have a predilection for the [organ] and the [organ].
Syphilis infection passes through four stages--what are they? How do they manifest? (3 weeks post inoculation)
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----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
Syphilis infection passes through four stages—what are they? How do they manifest?

(3 weeks post inoculation)

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(~6 to 8 weeks after chancre resolution)

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---**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

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

----Benign tertiary syphilis: Gummas

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

----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

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

----Benign tertiary syphilis: Gummas

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

----Neurosyphilis

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

Acquired Syphilis: Overview

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

What is the feared, life-threatening sequelae of syphilitic aortitis?
Formation of an aortic aneurysm
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**: (chief manifestation?)
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, including Argyll-Robertson pupils
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----Neurosyphilis: tabes dorsalis

What is tabes dorsalis?
Syphilis infection passes through four stages--what are they? How do they manifest?

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----Cardiovascular syphilis: Aortic syphilitis

----Neurosyphilis: tabes dorsalis

What is tabes dorsalis?

A degenerative neurologic condition characterized by a variety of sensory and motor abnormalities
**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)
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- **Tertiary syphilis** is characterized by one of three patterns:
  - Benign tertiary syphilis: Gummas
  - 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?**
**Uveitis: Syphilis**

**Acquired Syphilis: Overview**

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(~3 weeks post inoculation)
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----Benign tertiary syphilis: Gummas
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----**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
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
- *(~1 year to many decades)*
  - **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 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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--**Tertiary syphilis** is characterized by one of three patterns:

----Benign tertiary syphilis: Gummas

----Cardiovascular syphilis: Aortic syphilis

----**Neurosyphilis**: *tabes dorsalis* and 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
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**

---**Tabes dorsalis**

---**Argyll-Robertson pupils**

*What is tabes dorsalis?*
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*Two descriptors typically apply to the appearance of A-R pupils--what are they?*
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
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- **Tertiary syphilis** is characterized by one of three patterns:
  - Benign tertiary syphilis: Gummas
  - 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 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
--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

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

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

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

---- **Neurosyphilis**: **tabes dorsalis**

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 miosis 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
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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--- **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?*
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: 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
*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

*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)

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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.
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

Intermediate

Posterior

Panuveitis

Acquired Syphilis
Uveitis: *Anterior*

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

Key distinction

(not uni- vs bilateral)

1) ?
2) ?
Uveitis: **Anterior**

Granulomatous  
Nongranulomatous

Key distinction  
(*not uni- vs 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
- Nongranulomatous

**Key distinction** *(not uni- vs 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
- 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
5) Treatment appropriate for the etiology is initiated
Uveitis: **Anterior**

- Granulomatous
- Nongranulomatous
  - Acute
  - Chronic

Finally!
Uveitis: \textit{Anterior}

- Granulomatous
  - Acute
    - Unilateral
  - Chronic
    - Bilateral
- 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
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/PA
  - Sarcoid
  - **Syphilis**
  - TB

Bear in mind, acquired syphilis can present as **any** form of anterior uveitis!
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 granulomatously, or nongranulomatously?*
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**

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

Nongranulomatosus
- **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?
Uveitis: **Anterior**

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

Nongranulomatous

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

Acute 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?**

Again, the BCSC book does not address this question, but other sources suggest it is about **50:50**
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

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

- Choroiditis
- Chorioretinitis or Retinochoroiditis
- Retinitis
- Neuroretinitis

(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

Choroiditis

Retinitis

Neuroretinitis

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

*Bearing this in mind…*

*What is the most common posterior manifestation?*

Chorioretinitis
Uveitis: **Posterior**

Choroiditis

**Chorioretinitis** or Retinochoroiditis

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

What do the lesions look like?
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

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

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

Bearing this in mind…
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

*Is the chorioretinitis accompanied by vitritis?*
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

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

(And as any form of posterior uveitis as well.) **Bearing this in mind**…
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

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?

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

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

**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)
Chorioretinitis or Retinochoroiditis

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

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

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

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

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Uveitis: Posterior

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Retinitis

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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**

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

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*This condition can also present in another manner—what is it, ie, what is its appearance on DFE?*
Acute retinal necrosis (ARN)

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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

ASPPC looks like APMPPE; what dreaded condition does this ‘retinal whitening’ form of syphilitic chorioretinopathy in immunocompromised pts look like?
Acute retinal necrosis (ARN)

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The placoid lesions look like APMPPE; what dreaded condition does this ‘retinal whitening’ form of syphilitic chorioretinopathy in immunocompromised pts look like?

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And of course, acquired syphilis can present as a panuveitis.

Acquired Syphilis
Uveitis: **Syphilis**

*Acquired Syphilis: Diagnosis*

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

*Acquired Syphilis: Diagnosis*

*Sero logic tests for syphilis are divided into two categories--what are they?*

*Treponemal and nontreponemal tests*
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?**

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What does each acronym stand for?
--**RPR:** Rapid plasma reagin
--**VDRL:** Veneral disease research laboratory
--**FTA-ABS:** Fluorescent treponemal antibody absorption
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Four words
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What conditions are notorious for yielding a false-positive nontreponemal test?
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**Nontreponemal**: High sensitivity, and titers correlate with disease activity. **Frequent false-positives.**
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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?
Uveitis: **Syphilis**

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*How should the various tests be employed in diagnosing syphilis?*

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.
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.

If a uveitis pt’s serology indicates it is syphilitic, what maneuver/test should be performed? Lumbocutaneous puncture with CSF evaluation for syphilis, along with cell count and protein.

Which test should be performed on the CSF to assess for neurosyphilis? VDRL is probably the preferred test.

What is/are the main advantage(s) of the test-categories? For *Nontreponemal*: High sensitivity, and titers correlate with disease activity. Frequent false-positives. For *Treponemal*: High positive-predictive value. Remain positive even after successful treatment.

How should the various tests be employed in diagnosing syphilis? 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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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)?


Treponemal: High positive-predictive value. Remain positive even after successful treatment.

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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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?  
Nontreponemal tests measure antibodies against cardiolipin, a phospholipid released during syphilis infection. Treponemal tests measure antibodies directed against the *T. pallidum* organism itself.

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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

---

**Which test should be performed on the CSF to assess for neurosyphilis?**
VDRL is probably the preferred test

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

If a pt has syphilis, s/he should always be checked for another infection. What is it?

HIV

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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How should the various tests be employed in diagnosing syphilis?
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Which commonly-performed tests are in which category?

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

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Uveitis: **Syphilis**

**Acquired Syphilis: Treatment**

What is the preferred treatment for syphilis?
Uveitis: **Syphilis**

Acquired Syphilis: Treatment

*What is the preferred treatment for syphilis?*

IV penicillin G
Uveitis: **Syphilis**

**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*

IV penicillin G

*What is the dosing regimen?*

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**

**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*
IV penicillin G

*What is the dosing regimen?*
That depends upon the stage of the disease, and/or whether it is neurosyphilis
Uveitis: Syphilis

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**Uveitis: Syphilis**

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*How is syphilitic uveitis treated?*
Because syphilitic uveitis is considered to be evidence of neurosyphilis, it is treated as such
Uveitis: **Syphilis**

**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*
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*How is syphilitic uveitis treated?*
Because syphilitic uveitis is considered to be evidence of neurosyphilis, it is treated as such

*What is the standard treatment for neurosyphilis?*
**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*
IV penicillin G

*What is the dosing regimen?*
That depends upon the stage of the disease, and/or whether it is neurosyphilis

*How is syphilitic uveitis treated?*
Because syphilitic uveitis is considered to be evidence of neurosyphilis, it is treated as such

*What is the standard treatment for neurosyphilis?*
10-14 days of IV Pen G
**Uveitis: Syphilis**

**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*
IV penicillin G

*What is the dosing regimen?*
That depends upon the stage of the disease, and/or whether it is neurosyphilis

*How is syphilitic uveitis treated?*
Because syphilitic uveitis is considered to be evidence of neurosyphilis, it is treated as such

*What is the standard treatment for neurosyphilis?*
10-14 days of IV Pen G

*What if the pt is allergic to penicillin--what is the alternative tx for neurosyphilis?*
Uveitis: **Syphilis**

**Acquired Syphilis: Treatment**

*What is the preferred treatment for syphilis?*
IV penicillin G

*What is the dosing regimen?*
That depends upon the stage of the disease, and/or whether it is neurosyphilis

*How is syphilitic uveitis treated?*
Because syphilitic uveitis is considered to be evidence of neurosyphilis, it is treated as such

*What is the standard treatment for neurosyphilis?*
10-14 days of IV Pen G

*What if the pt is allergic to penicillin--what is the alternative tx for neurosyphilis?*
**There is none.** The pt must undergo penicillin desensitization, then the course of Pen G.