

# Uveitis

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***Syphilis***

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**Congenital**

**Acquired**

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# Uveitis: *Syphilis*

## *Congenital Syphilis*

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

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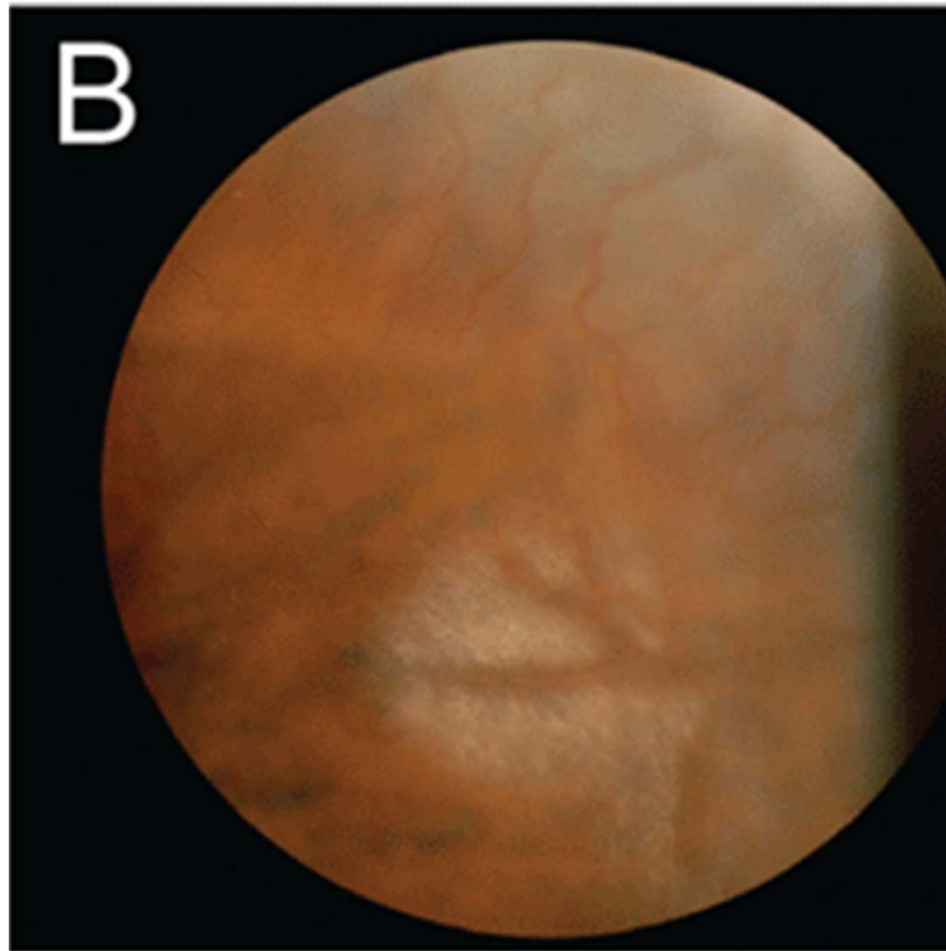
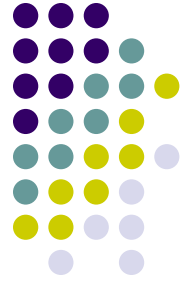
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Congenital syphilis: IK: Active inflammation (the white material is perivascular leukocytic 'cuffing')

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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.**



Congenital syphilis: IK: Active inflammation: ***Salmon patch***

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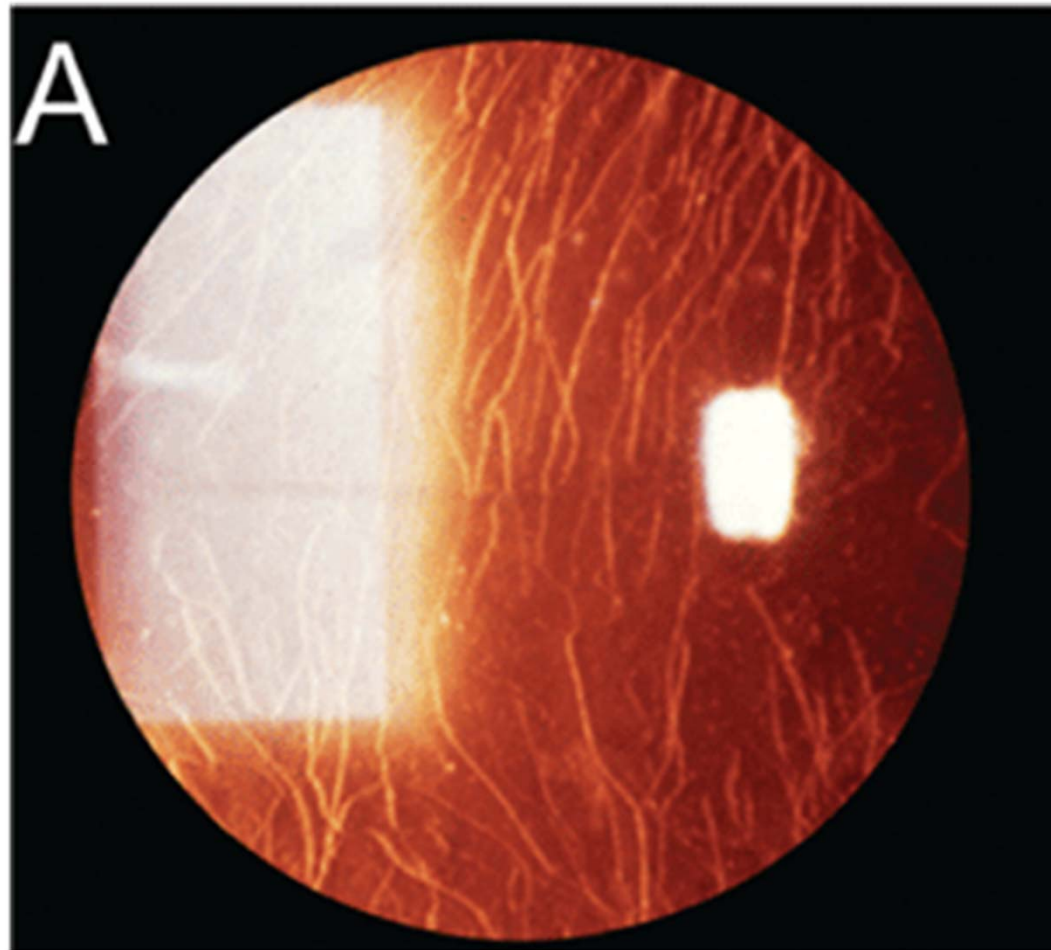
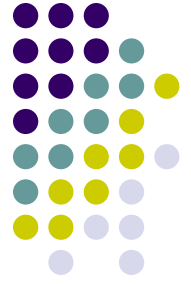
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Congenital syphilis: IK: Ghost vessels



Congenital syphilis: IK: Corneal scar/haze

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

*What*

*It me*

*So, th*

*No--I*

*corne*

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*Aroun*

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--*Mycobacterium tuberculosis* (ie, TB)

--*Mycobacterium leprae* (leprosy/Hansen's dz)

--*Borrelia burgdorferi* (Lyme dz)

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

An inflammatory condition of the cornea characterized by inflammation of the interstitial tissue of the cornea, leading to pain, photophobia, and decreased vision.

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

Herpetic dz

*What*

*It me*

*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?*

*So, th*

*No--l*

*corne*

--*Mycobacterium tuberculosis* (ie, TB)

--*Mycobacterium leprae* (leprosy/Hansen's dz)

--*Borrelia burgdorferi* (Lyme dz)

*At wh*

*Aroun*

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

*How*

*Pain,*

*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*)

--Corneal scarring, which may produce visually significant haze and/or astigmatism

# Uveitis: *Syphilis*

## *Congenital Syphilis*

- 1) The uveitis is profiled
- 2) The profiled case is meshed
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*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, often associated with syphilis, but also with other infectious agents and non-infectious causes.

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

Herpetic dz

*What*

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Cogan syndrome

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An inflammatory condition of the cornea characterized by epithelial and endothelial keratic precipitates (KPs) and stromal edema.

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Herpetic dz

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

Cogan syndrome

*How*

*Pain,*

*How does Cogan syndrome present?*

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

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*What about in the posterior pole?*

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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 something-and-something retinopathy

--a two words-like presentation:

abb. + word

two words

abb. + word



# Uveitis: *Syphilis*

## *Congenital Syphilis*

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

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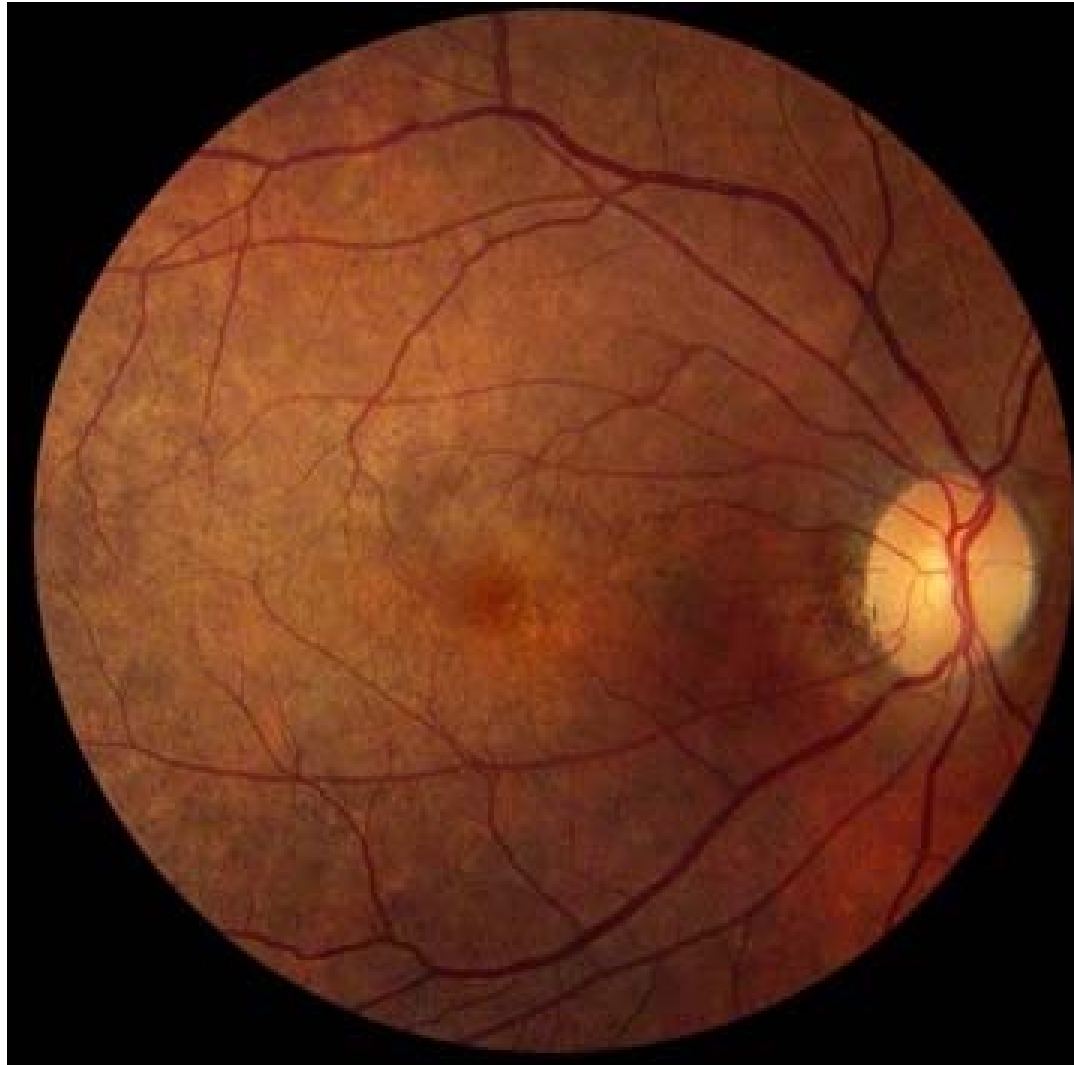
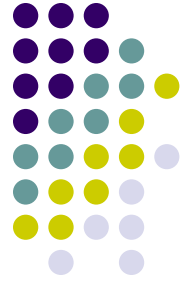
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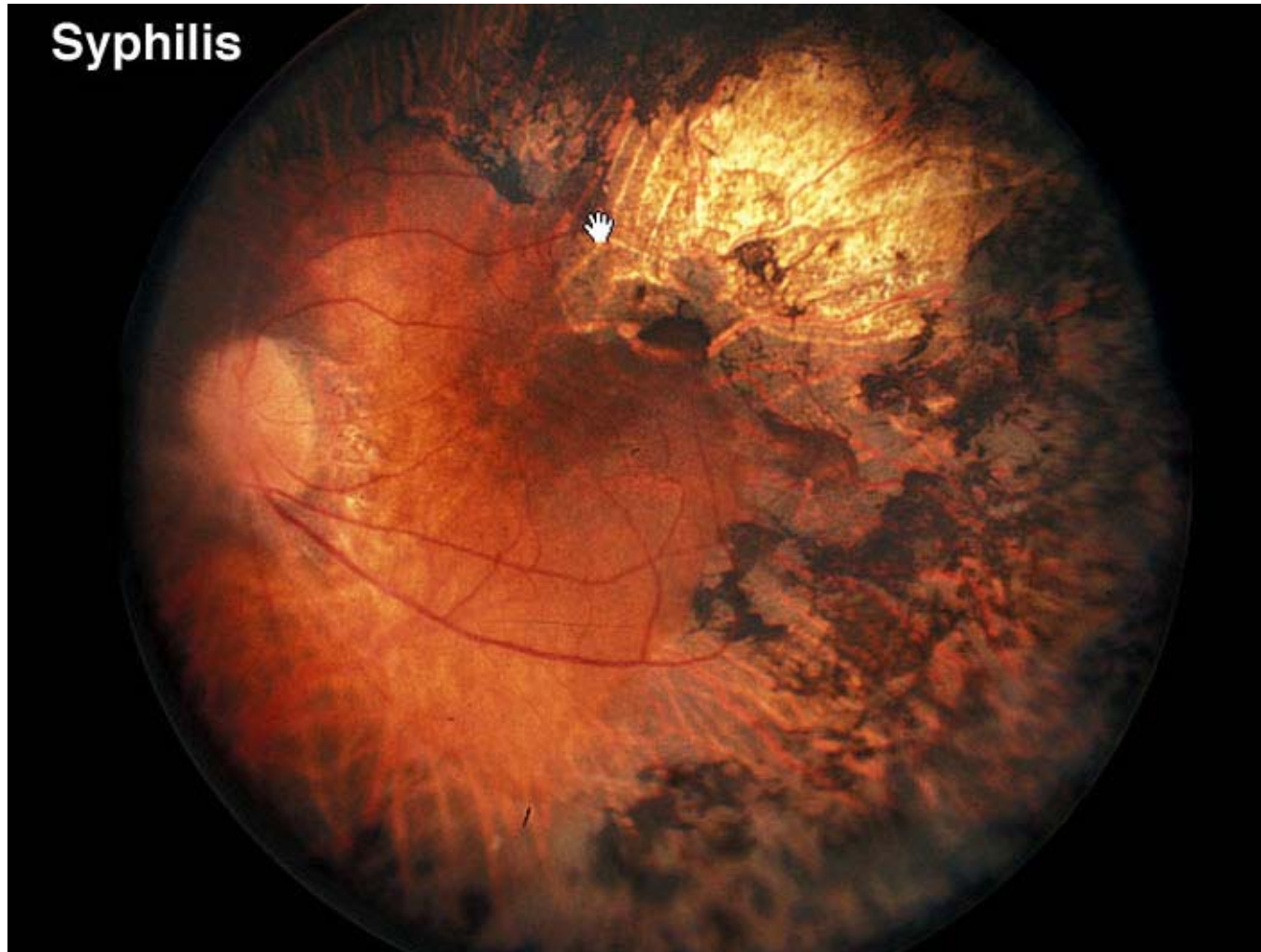
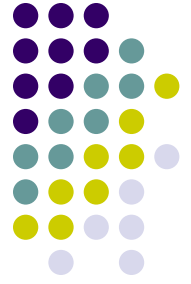
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Syphilis: Salt-and-pepper retinopathy



Syphilis: RP-like fundus changes

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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?*

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**Rubella**

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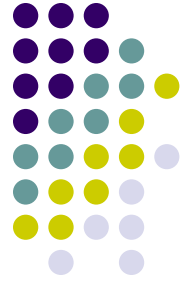
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'Rhagades'



Congenital syphilis: Circumoral scars

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Congenital syphilis: Hutchinson teeth

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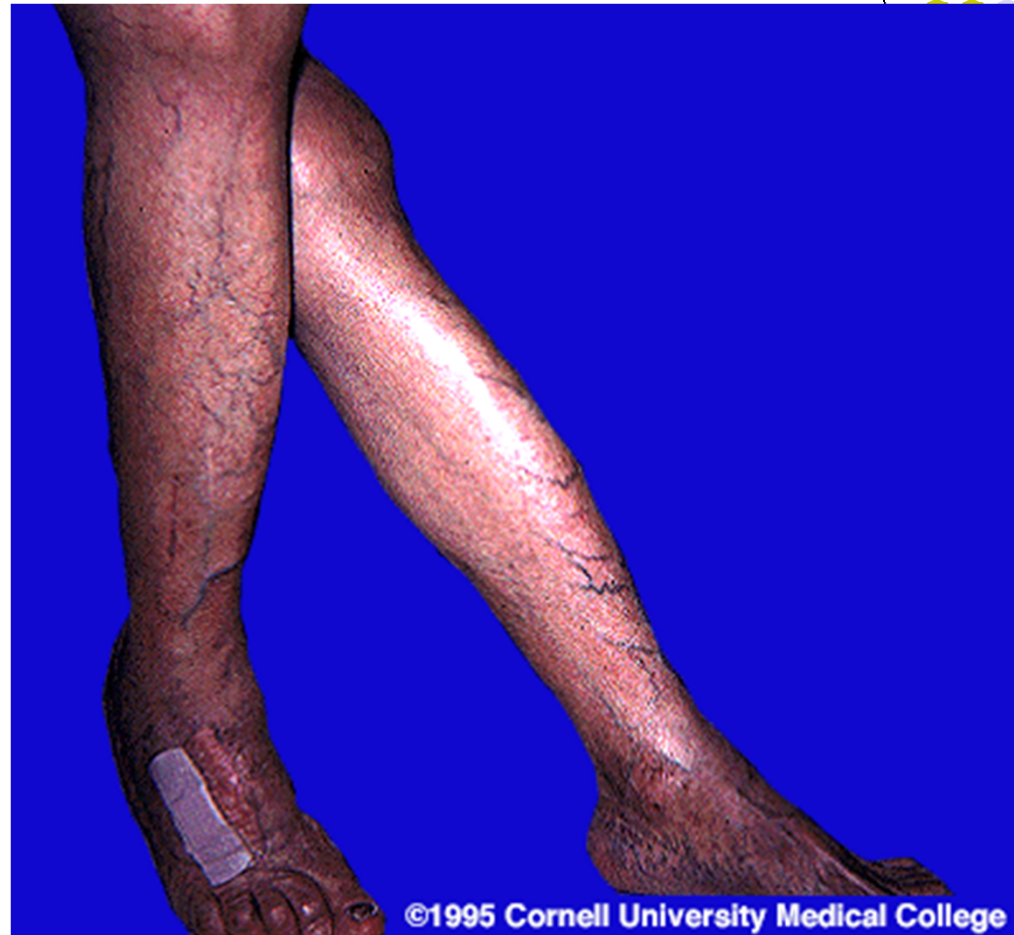
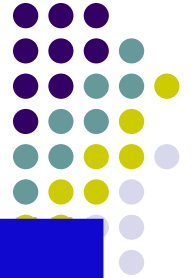
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*Why saber shins; ie, to what does this term refer?*

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



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*In the context of congenital syphilis, what three findings constitute*

**Hutchinson's triad?**

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*In the context of congenital syphilis, what three findings constitute*

**Hutchinson's triad?**

--Interstitial keratitis

--Deafness

--Hutchinson teeth

# Uveitis: *Syphilis*

## *Congenital 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



*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

*What are the classic nonocular*

--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)

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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 will have the other stigmata of their condition, which are not present in Cogan's syndrome

# Uveitis: *Syphilis*

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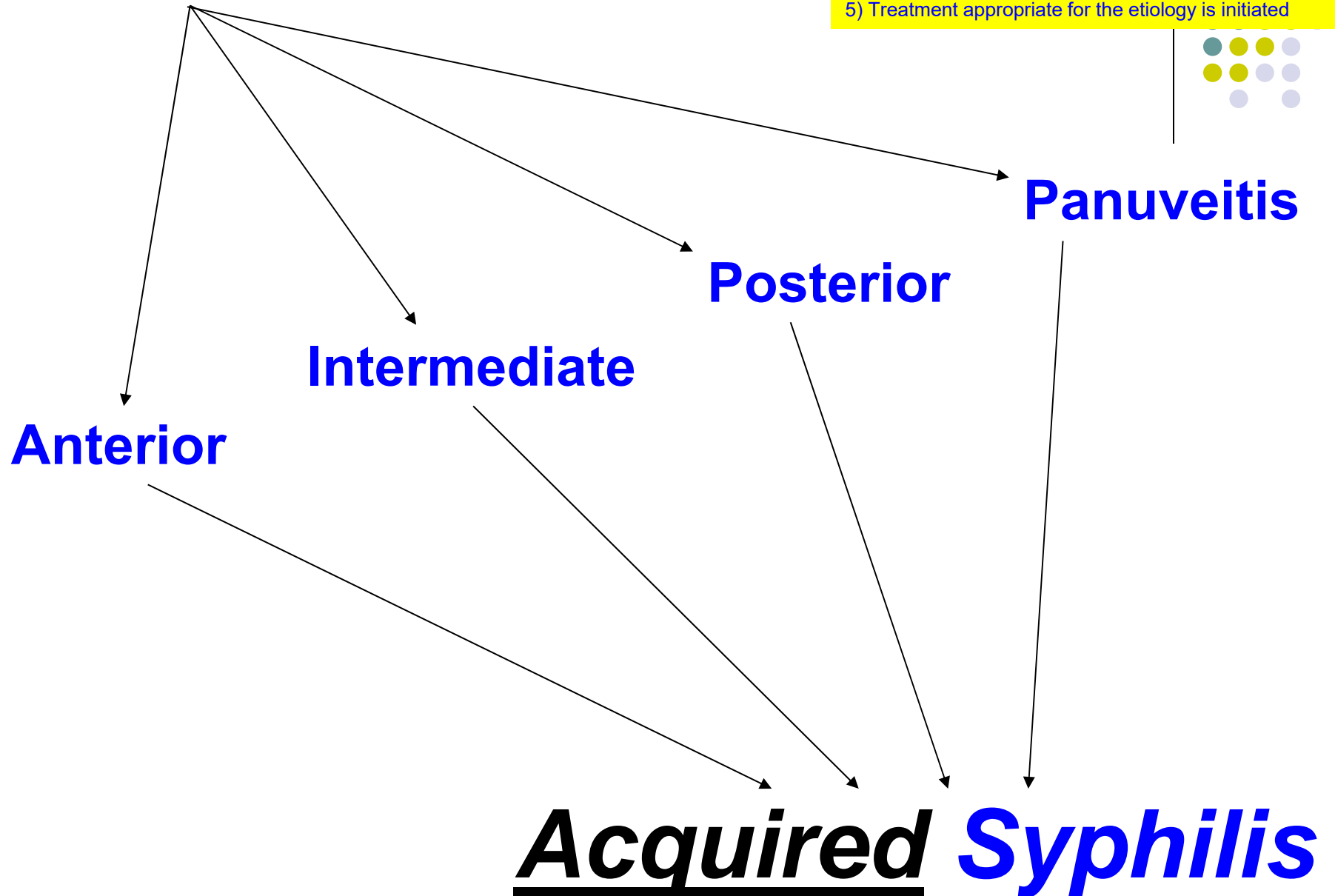
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- 1) The IK of congenital syphilis presents at age 9, whereas Cogan's presents in young adulthood
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# Uveitis

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# 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

- 1) The uveitis is profiled
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# 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

- 1) The uveitis is profiled
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# Uveitis: *Syphilis*

## *Acquired Syphilis: Overview*

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

(~3 weeks post inoculation)

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# Uveitis: *Syphilis*

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

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--Latency period

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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 [redacted] at the site of inoculation

--Secondary syphilis

--Latency period

--Tertiary syphilis

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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

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--Latency period

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--**Latency period**

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*What is a chancre?*

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--**Secondary syphilis**

--**Latency period**

--**Tertiary syphilis**

*What is a chancre?*

An ulcerated lesion

- 1) The uveitis is profiled
- 2) The profiled case is meshed
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Primary syphilis: Chancre



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*What is a chancre?*

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*Is it painful, or painless?*

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Painless

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--**Secondary syphilis**

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--**Tertiary syphilis**

*What is a chancre?*

An ulcerated lesion

*Is it painful, or painless?*

Painless

*Does it linger, or resolve spontaneously?*

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Resolves spontaneously

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--**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?*

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--**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

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*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

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(~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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one word

and a

two words

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--**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

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--Tertiary syphilis

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--**Latency period**

--**Tertiary syphilis**

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

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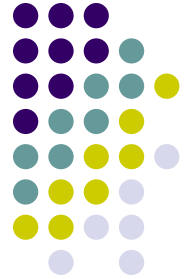
--**Tertiary syphilis**

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

The palms and soles

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Syphilis

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--**Tertiary syphilis**

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

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--**Latency period**

--**Tertiary syphilis**

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About 1/3

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

--**Tertiary syphilis**

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(~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**

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----Benign tertiary syphilis

----Cardiovascular syphilis

----Neurosyphilis

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

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----Neurosyphilis

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

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*What are gummas?*

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*What are gummas?*

Benign inflammatory tumors--granulomas, essentially

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*Where are they located?*

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*Where are they located?*

They can be found anywhere but have a predilection

for the organ and the organ

# Uveitis: *Syphilis*

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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 liver and the skin

- 1) The uveitis is profiled
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Tertiary syphilis: Gummas



Tertiary syphilis: Ulcerated gumma

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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

- 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)

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----Neurosyphilis

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

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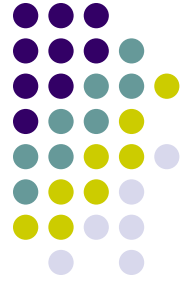
*What is the feared, life-threatening sequelae of syphilitic aortitis?*

Formation of an aortic aneurysm

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Tertiary syphilis: Aortic aneurysm

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A-R pupils do not miose in response to light, but do so briskly in response to the near reflex

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--They are

size

--They are

shape

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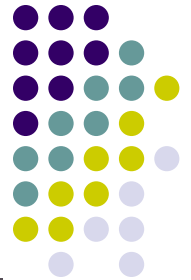
*What does light-near dissociation mean in this context?*

A-R pupils do not miose in response to light, but do so briskly in response to the near reflex

*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*

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

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--Loss of reflexes, which leads eventually to joint damage (ie,   joints)

--Pain, paresthesias

--A foot-slapping gait

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--Loss of reflexes, which leads eventually to joint damage (ie, *Charcot joints*)

--Pain, parasthesias

--A foot-slapping gait



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

*At which stage can/does uveitis occur?*

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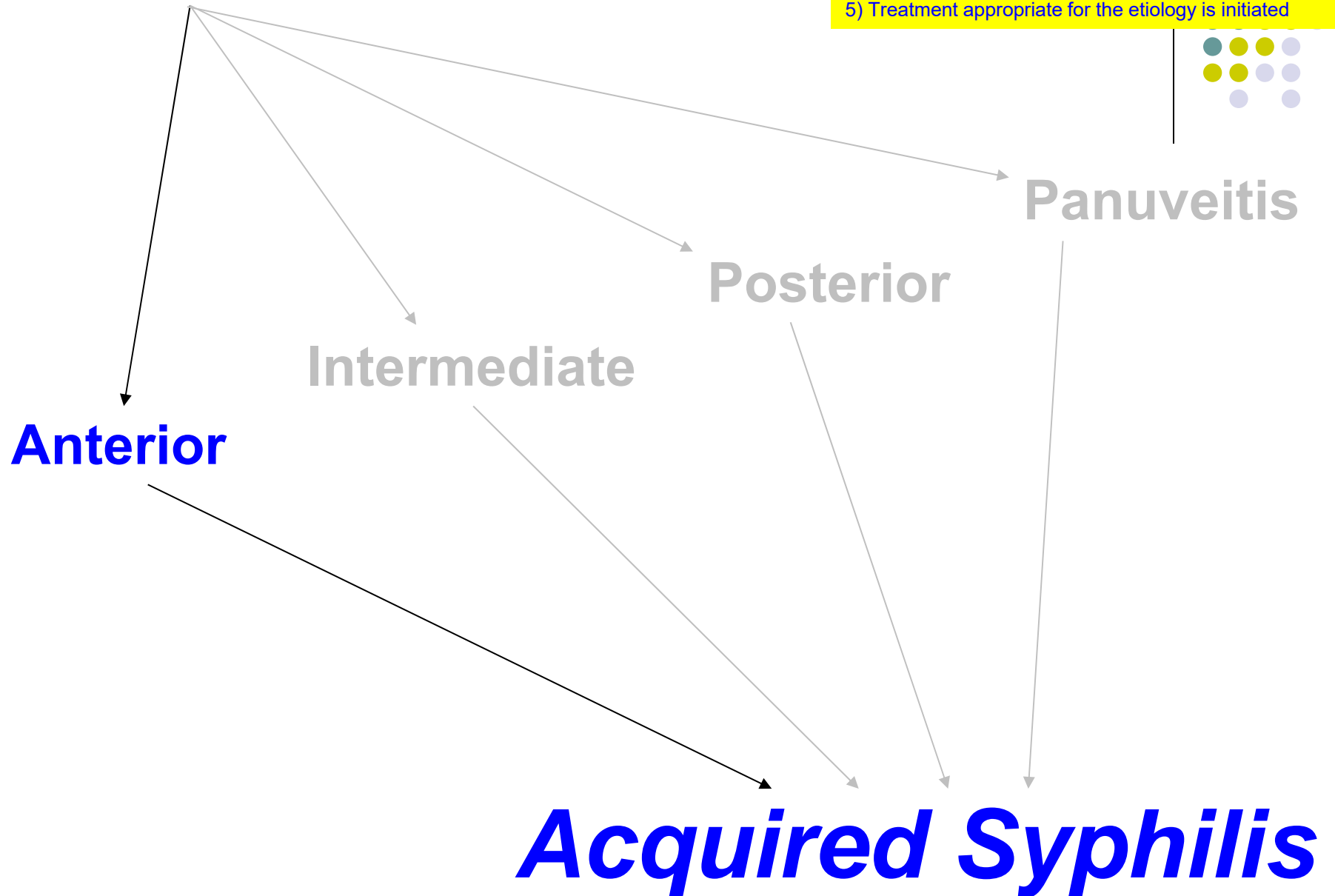
---- Neurosyphilis: tabes dorsalis, including Argyll-Robertson pupils

*At which stage can/does uveitis occur?*

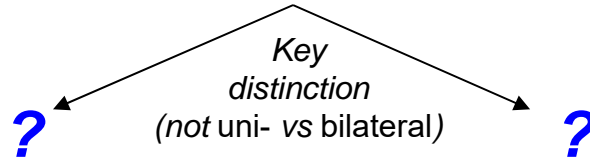
Any stage. That said, uveitis in a pt with serologic evidence of untreated syphilis should be considered neurosyphilis until proven otherwise.

# Uveitis

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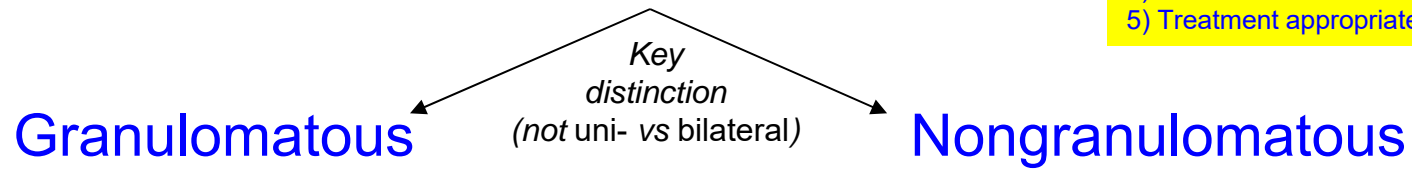
# Uveitis: *Anterior*



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# Uveitis: *Anterior*

Granulomatous

Nongranulomatous

?

Key  
distinction  
(not uni- vs bilateral)

?

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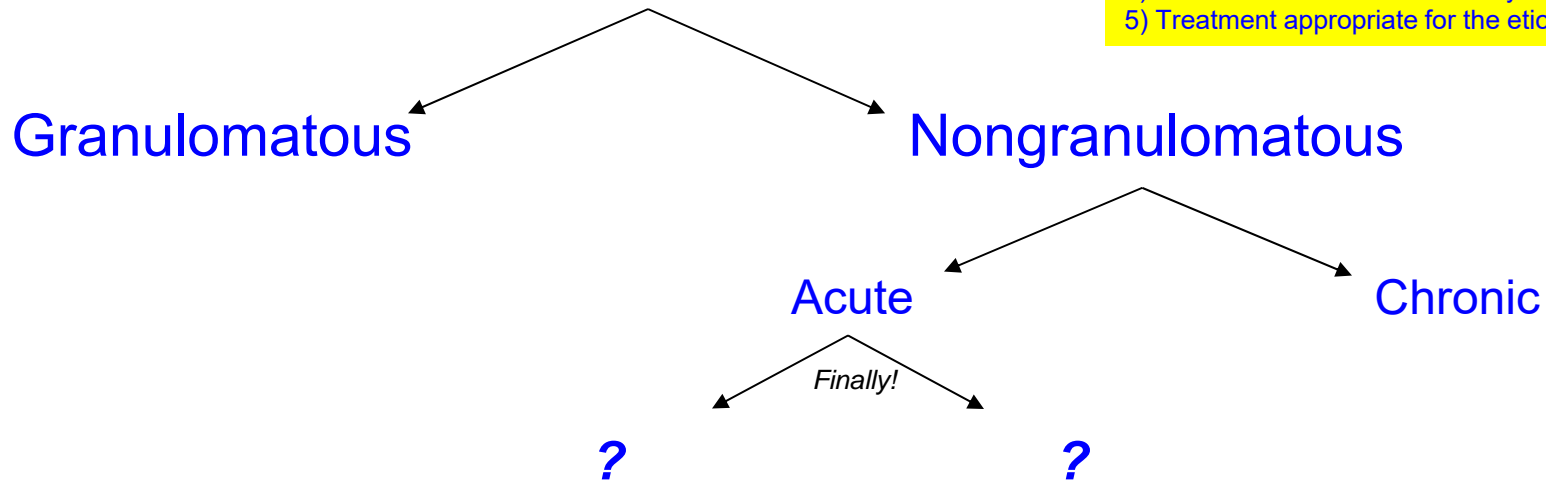
Acute

Chronic

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# Uveitis: *Anterior*

Granulomatous

Nongranulomatous

Acute

Chronic

Unilateral

Bilateral

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## 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!*

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

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*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*

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- 3) A differential diagnosis list is generated
- 4) Studies are obtained to identify the etiology
- 5) Treatment appropriate for the etiology is initiated



## 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?*

# 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



## Granulomatous

- TB
- Syphilis**
- Sarcoid
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- VKH
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## Nongranulomatous

### Acute

#### Unilateral

- HLA-B27 dz
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#### Bilateral

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- Sarcoid
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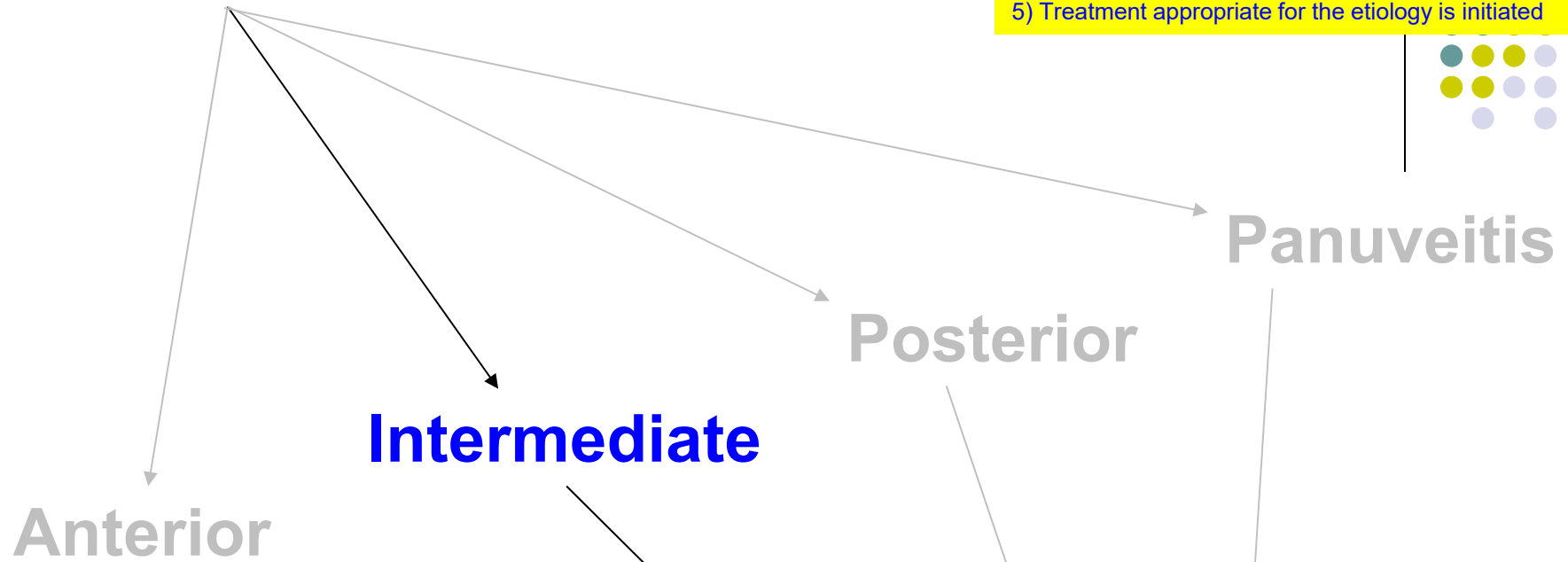
### Chronic

- 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**

# Uveitis

- 1) The uveitis is profiled
- 2) The profiled case is meshed
- 3) A differential diagnosis list is generated
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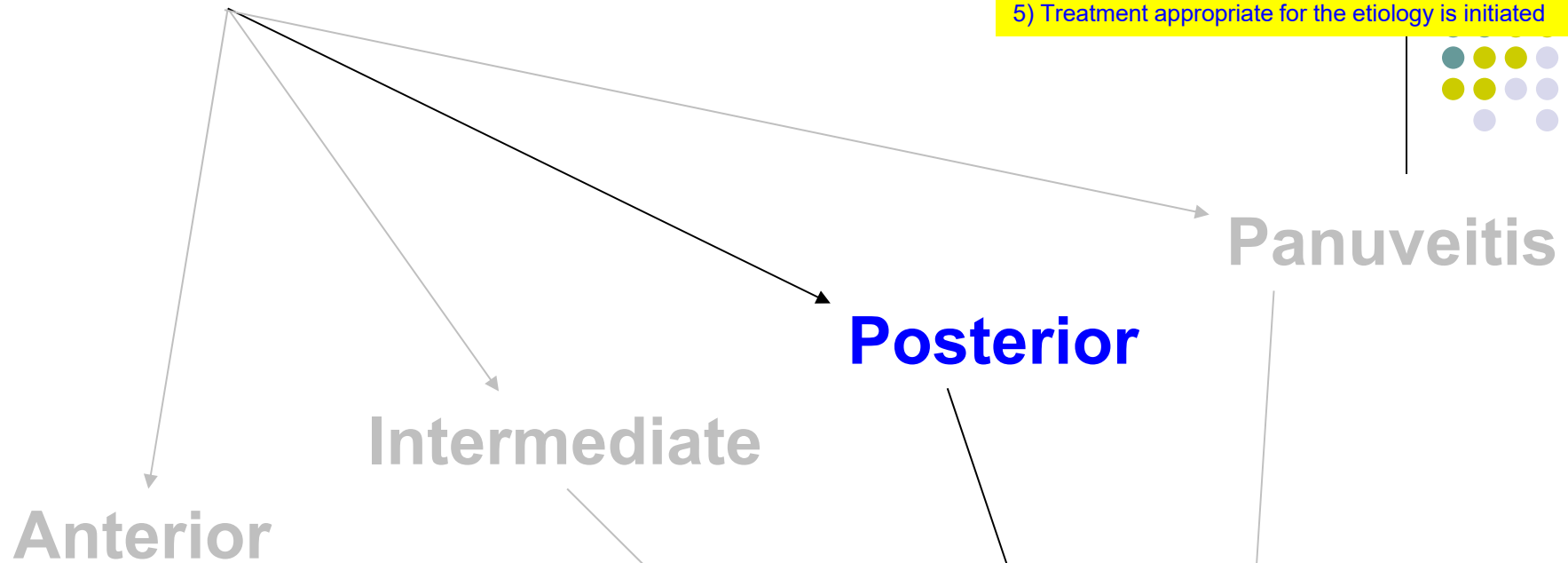


*Acquired syphilis can present as an **intermediate uveitis**...*

***Acquired Syphilis***

# Uveitis

- 1) The uveitis is profiled
- 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



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

***Acquired Syphilis***



# 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

**Choroiditis**

**Chorioretinitis or  
Retinochoroiditis**

**Retinitis**

**Neuroretinitis**

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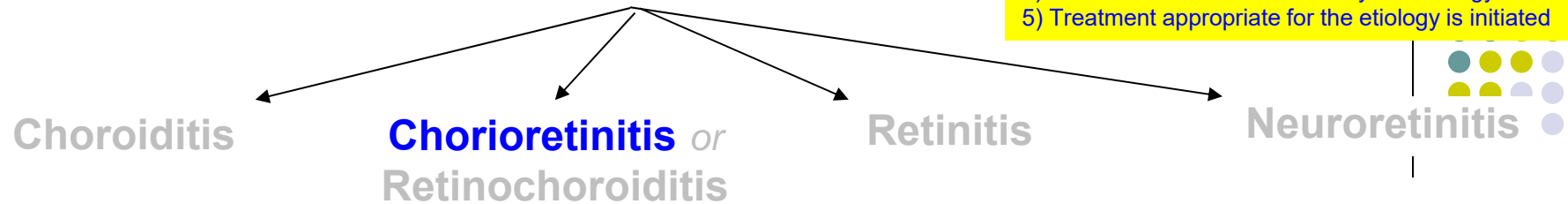
*(And as any form of posterior uveitis as well.)*

*Bearing this in mind...*

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

# Uveitis: *Posterior*

- 1) The uveitis is profiled
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*(And as any form of posterior uveitis as well.)*

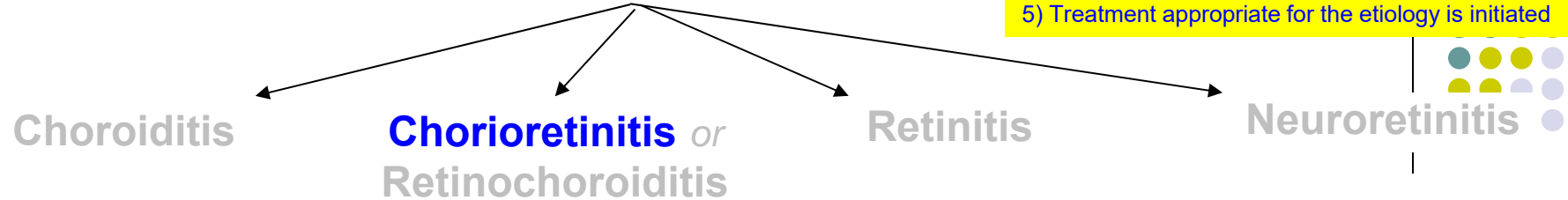
*Bearing this in mind...*

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Chorioretinitis

# Uveitis: *Posterior*

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

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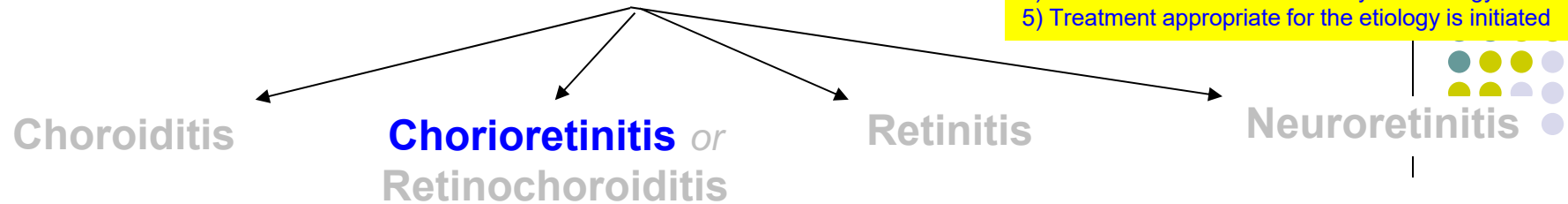
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Chorioretinitis

*Is the chorioretinitis focal, or multifocal?*

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- 1) The uveitis is profiled
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*(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*

- 1) The uveitis is profiled
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Chorioretinitis

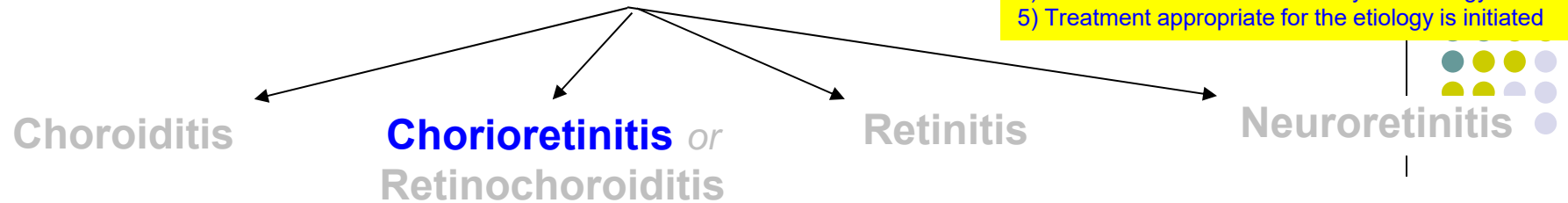
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*What do the lesions look like?*

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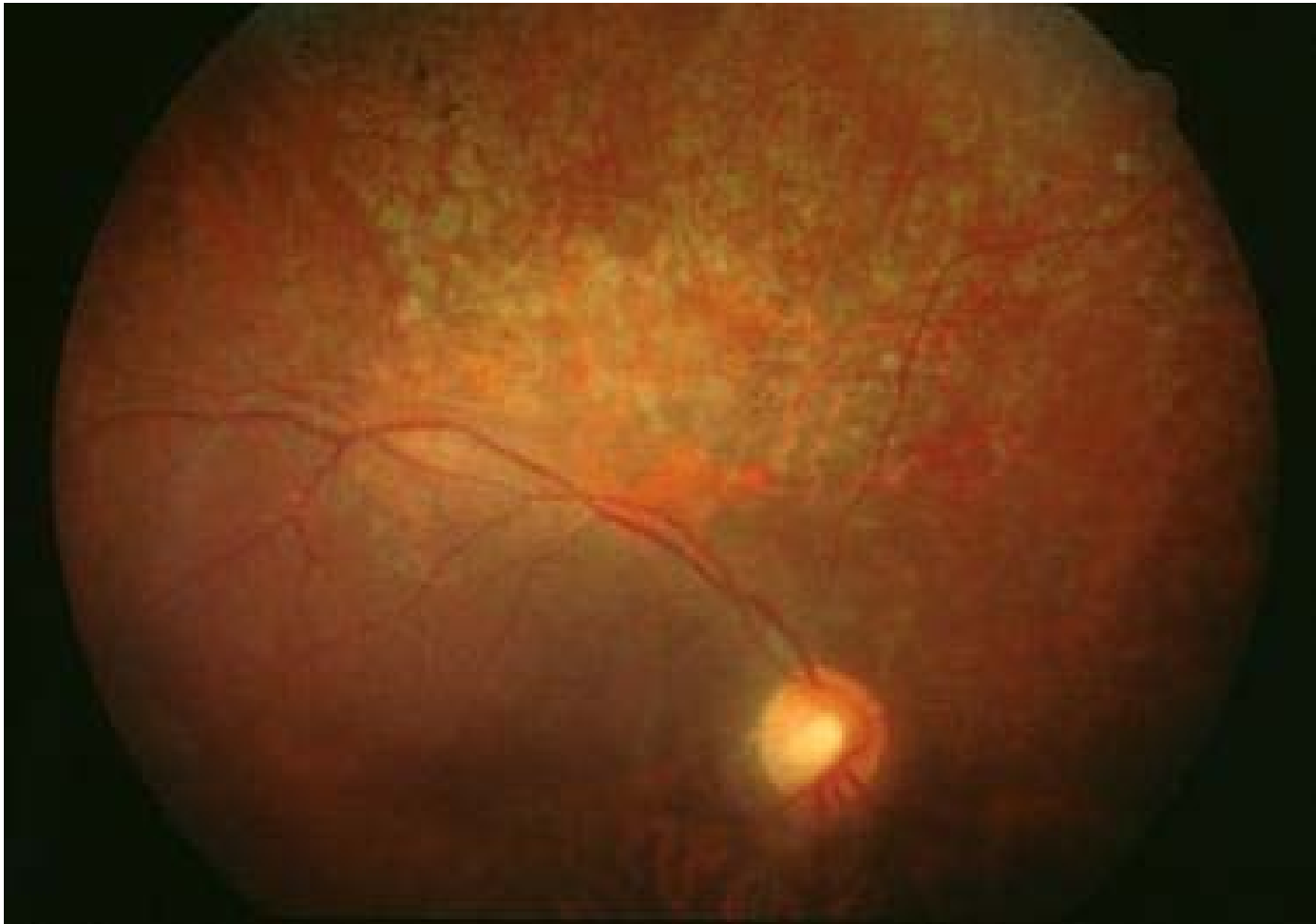
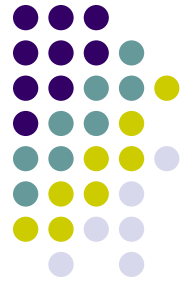


*(And as any form of posterior uveitis as well.)*  
*Bearing this in mind...*

*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

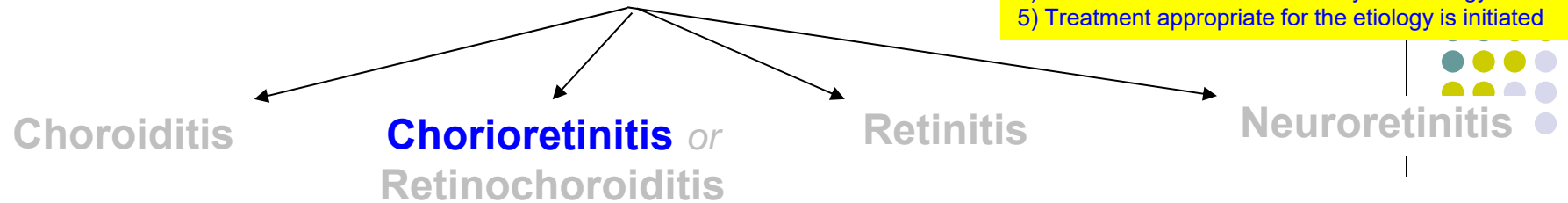


Tertiary syphilis: Multifocal chorioretinitis



# Uveitis: *Posterior*

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

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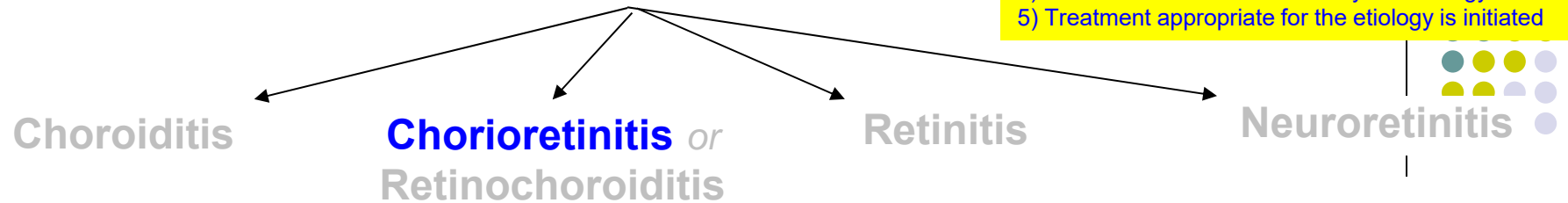
*Is the chorioretinitis focal, or multifocal?*  
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*Is the chorioretinitis accompanied by vitritis?*

# Uveitis: *Posterior*

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

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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*

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

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Acute syphilitic posterior placoid chorioretinopathy (ASPPC)



Tertiary syphilis: ASPPC

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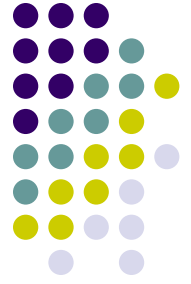
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Tertiary syphilis: ASPPC



APMPPE



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

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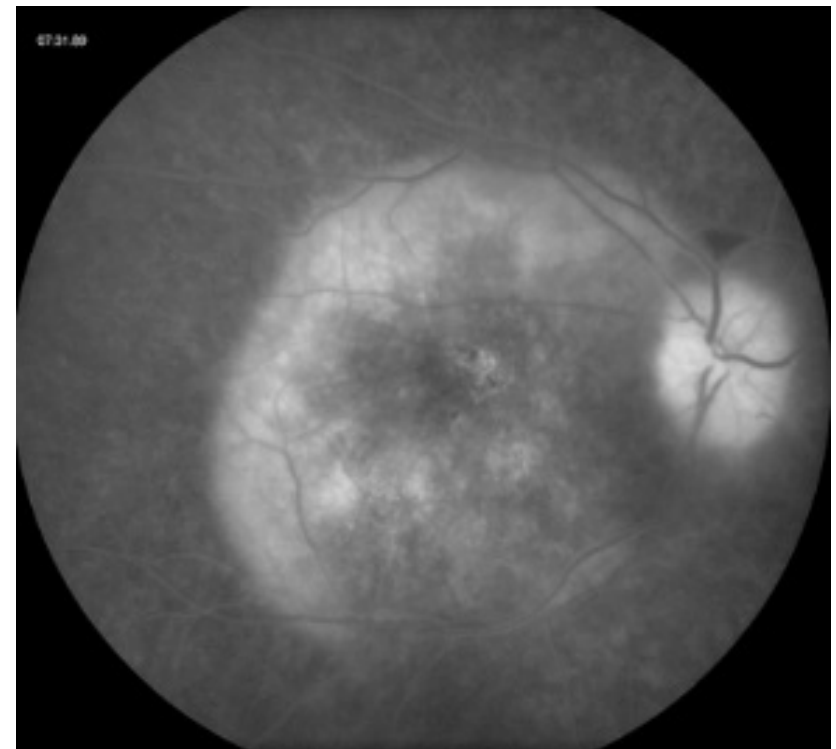
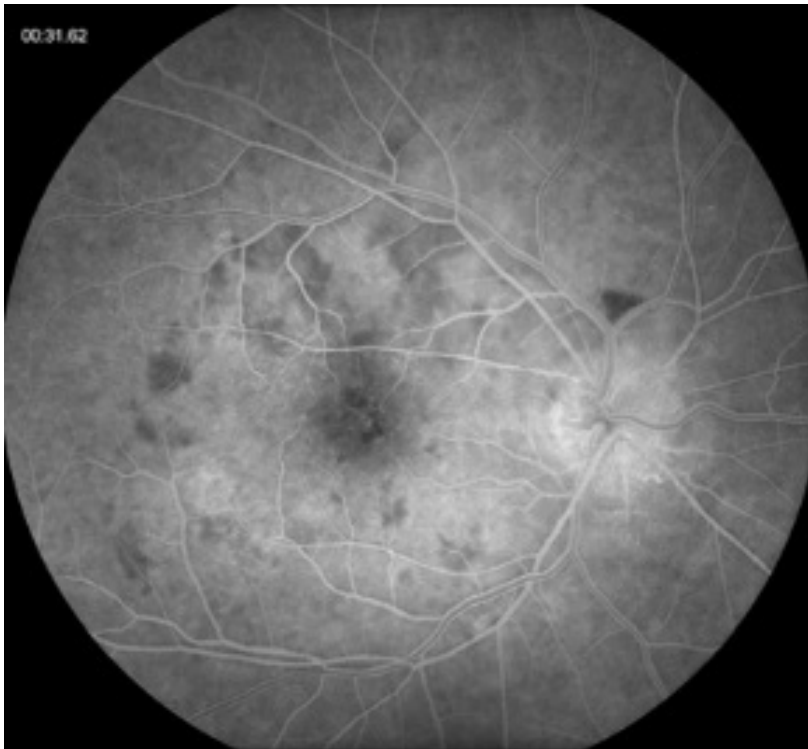
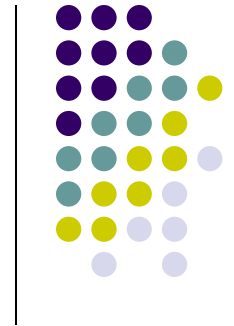
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The placoid lesions 'block early, stain late.'



Tertiary syphilis: ASPPC

# Uveitis: *Posterior*

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The placoid lesions 'block early, stain late.'

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

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The placoid lesions 'block early, stain late.'

*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

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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?

Acu Syphilitic chorioretinopathy in immunocompromised pts can present in another manner--  
This what is it, ie, what is its appearance on DFE?

Acu

The  
The

MPPE?

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

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# Uveitis: *Posterior*

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Choroiditis

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*(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?*

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what is it, ie, what is its appearance on DFE?*

This  
Acu *With large confluent areas of retinal whitening*

The  
The

*MPPE?*

*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*

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

*What is the **most common** posterior manifestation?*  
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*Is the chorioretinitis focal, or multifocal?*

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Acu *Syphilitic chorioretinopathy in immunocompromised pts can present in another manner--  
what is it, ie, what is its appearance on DFE?*

This  
Acu *With large confluent areas of retinal whitening*

The *ASPPC looks like APMPE; what dreaded condition does this 'retinal whitening' form of APMPE?*  
The *syphilitic chorioretinopathy in immunocompromised pts look like?*

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

Yes—ASPPC patients are (usually) **immunocompromised**, whereas APMPE patients (usually) aren't

# Uveitis: *Posterior*

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Bearing this in mind...*

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This  
Acu *With large confluent areas of retinal whitening*

The *ASPPC looks like APMPE; what dreaded condition does this 'retinal whitening' form of APMPE?*  
The *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 APMPE patients (usually) aren't

# Uveitis

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## Panuveitis

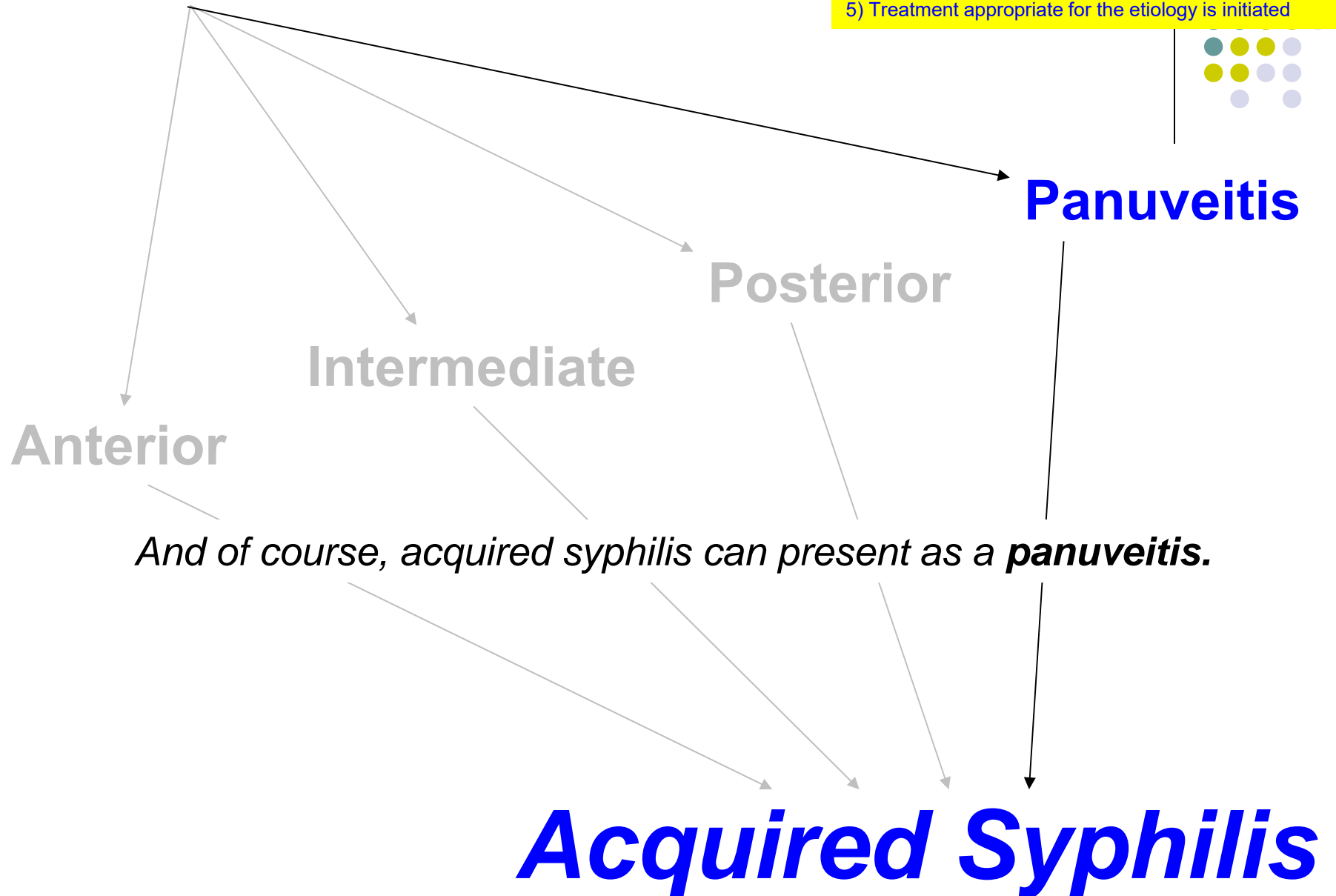
## Posterior

## Intermediate

## Anterior

*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?*

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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

- 1) The uveitis is profiled
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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?*

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# Uveitis: *Syphilis*

## *Acquired Syphilis: Diagnosis*

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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.

# 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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VDRL is probably the preferred test

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

*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.

*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.

# Uveitis: *Syphilis*

## *Acquired Syphilis: Diagnosis*

- 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



*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?*

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**HIV**

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# Uveitis: *Syphilis*

## *Acquired Syphilis: Treatment*

*What is the preferred treatment for syphilis?*

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- 2) The profiled case is meshed
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# Uveitis: *Syphilis*

## *Acquired Syphilis: Treatment*

*What is the preferred treatment for syphilis?*

IV penicillin G

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- 2) The profiled case is meshed
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# Uveitis: *Syphilis*

## *Acquired Syphilis: Treatment*

*What is the preferred treatment for syphilis?*

IV penicillin G

*What is the dosing regimen?*

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# 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

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# Uveitis: *Syphilis*

## *Acquired Syphilis: Treatment*

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*What is the dosing regimen?*

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*How is syphilitic uveitis treated?*

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# 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

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# 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?*

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- 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

*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

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# Uveitis: *Syphilis*

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*What is the preferred treatment for syphilis?*

IV penicillin G

*What is the dosing regimen?*

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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?*

10-14 days of IV Pen G

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

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# Uveitis: *Syphilis*

## *Acquired Syphilis: Treatment*

*What is the preferred treatment for syphilis?*

IV penicillin G

*What is the dosing regimen?*

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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?*

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.

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