SYPHILIS (lues)

↓

characteristic ep of active disease & latency period in between.

causative agent: Treponema pallidum.

↓

spirochaete.

Gram tve, motile, micro-aerophilic,

stain: Dark Field microscopy, Silver Impregnation

R.O.T (congenital also ↑)

↓

Sexual

Epidemiology seen c pt of HIV ; ↓ Immunity.

Acquired Syphilis

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ROT ① STD ② Pt → Doc.

stages. ① primary ② secondary ③ Tertiary

PRIMARY STAGE → generally solitary

lesion → chancre Innoculation ⇒ 3-90 days.

site → 95% cases ī Genitalia.
- ⓐ penile in male
- ⓑ vulva / cervix in female.

* can be extragenital → ↑ Altered sexual activity. - homosexual sex.
- ⓐ lips ⓒ palate
- ⓑ Tongue ⓓ Gingiva ⓔ Tonsils.

Features * Extraoral
1. elevated, ulcerated nodule ī induration
2. Regional lymphadenitis.

on lips - Brownish, crusted appearance.

* if vascular mimics pyogenic Granuloma (Dd)

* Intra oral
- ulcerated lesion covered ī grayish white membrane
- painful (due to sec. inf)

* If Saliva to be diagnosed - (commonest)
do not diagnose by darkfied microsop as; there is Treponema microdentium tht too in pt. saliva
→ examine regional lymph Node by darkfield m.

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microscopic feature → chancre → ulcer
c inflammatory infiltrate
+ lots of plasma cells.

* Serology Test req for confirmation
* Gen pt c primary stage show -ve results.

* Chancre heals spontaneously → 3 weeks - 2 months

* SECONDARY STAGE → also/so Metastatic Stage

onset → 6 weeks after primary stage.
→ Serology Test : always +ve

Areas → Trunk, Face, extremities.
→ always +nt as multiple lesions.

Lesion : diffuse eruption of skin, mucous membrane
→ temporary remission within few weeks.

on skin → pink-red macule, papule
- painless
* Latent phase beg tertiary stage = 1-30 yrs

orally - mucous patches.
- multiple, painless, grayish white plaque
- overlying ulcerated patch.

Areas - ovoid, irregular shape.
- erythematous zone +nt.
↓
Tongue
- Gingiva
- Buccal mucosa

* Condylomata lata
↳ cutaneous manifestation of sec. s.

* Lues maligna (seen c HIV pt)
- super explosive form
- fever, headache, muscle pain → necrotic ulceration c face, scalp.

TERTIARY SYPHILIS - (Also late syphilis)

Onset : several yrs after sec. syp.

attacks : CVS, CNS (mainly)

lesion : Gumma

content : occurs bcoz of hypersensitivity rxn b/w host & treponeme,
- focal, granulomatous inf. process
& central Necrosis.

size : cm - mm

Areas : Extraoral = mucous mem.; skin, Liver, Testes, Bone.
Intraoral - Tongue
Palate

Features : firm nodular mass → deep painless ulcer

palatal lesion - perforation coz = sloughing of necrotic mass

Antibiotic Therapy → Herxheimer Rxn

too many bac destruction → release of endotoxin in pt. blood stream

→ sys. inf. response → sepsis, fever, chills, rigor, hypotension, headache, Tachycardia, hyperventilation, vasodilation, flushing, myalgia seen

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Tongue lesion

Atrophy glossitis ← due to endarteritis obliterans

- lots of broken fissures due to atrophy (SMALL tracks like)
- Fibrosis of tongue
- hyperkeratosis

(obliteration of end arteries ⇒ gangrene.)

Sex: M > F

CONGENITAL SYPHILIS.

Route: inf mom → infant. (Not inherited)

can be prevented
- in 95% cases if Antibiotic ✝ given to inf. mom bef 4 months of pregnancy.

☆ Not all inf mom ⇒ inf child.
- 1/3rd cases → abortion, still birth
- 1/3rd → Sate
- 1/3rd → Cong. syp.

Features
1. frontal Bossae
2. short maxilla
3. high palatal arch
4. Saddle nose.
5. mulberry molars
6. Higouemenakis sign
   - ↳ irregular thickening of sterno-clavicular part of clavicle.
7. relative protuberance of mandible.
8. chagades

(9) saber shin
(10) Hutchinson Triad → (1) hypoplasia of Incisor (screw driver shaped (I)
molar teeth (mulberry molar)
(2) Interstitial keratitis
8th Nerve deafness.

Diagnosis
Wasserman Test
Hinton Test

☆ Saliva contamination → false +ve
due to the presence of treponeme
- microdentium
- macrodentium
- mucinosum.

☆ Serology → (1) T. pallidum haemagglutination assay
(2) Flouroscent Treponemal Ab absorption

☆ T/t
penicillin
but in case of allergy < Erythromycin, Tetracycline.

☆ Infants = procaine penicillin G (IM)

☆ Surgery = facial defects.