

SYPHILIS PROGRESSION and COMPLICATIONS in Adults

Typical progression of disease if left untreated



EXPOSURE TO PATHOGEN



Primary incubation
21 days (range 3-90 days)

Primary Syphilis (Infectious)

- Chancere
- Regional lymphadenopathy



Secondary incubation
4-10 weeks

Secondary Syphilis (Infectious)

- Rash
- Alopecia
- Gumma lesions
- Malaise
- Condylomata lata
- Lymphadenopathy



<1 year duration after infection

**Early Latent Syphilis -
Early Non-Primary, Non-Secondary
(Infectious)**
Asymptomatic



Infections >1 year of duration

**Late Latent Syphilis,
or Syphilis of Unknown Duration
(Infectious Vertically)**
Asymptomatic

**Tertiary Syphilis (Non-Infectious)
15 years after infection**
Gummatous Syphilis (skin, bone, liver,
nasal septum/hard palate perforation)

10-30 years after infection
Cardiovascular Syphilis (Aortitis)
90% asymptomatic
10% have angina
Also noted: aortic regurgitation,
coronary artery stenosis, aneurysm



NEUROSYPHILIS

Invasion of *T. pallidum* into the central nervous system

CAN OCCUR AT ANY STAGE

- All cases of syphilis with neurological manifestations must be staged.
- Rarely fatal in modern times, but can be damaging.

EARLY NEUROSYPHILIS

- Roughly 5% of early syphilis cases
- Risk increases with HIV infection
- May be asymptomatic
- May present with severe headache, confusion, nausea, vomiting, stiff neck, deafness, or optic neuritis

Categories:

- Syphilitic meningitis
- Ocular syphilis
- Ootosyphilis

LATE NEUROSYPHILIS

≈ 4-7 Years
Meningovascular syphilis

≈ 10-15 Years
General Paresis
Progressive dementia

≈ 15-25 Years
(average of 20 years)
Tabes Dorsalis

References:

Control of Communicable Diseases Manual (CCDM), 20th Edition, Centers for Disease Control and Prevention (CDC), 2015.
Marra, Christina M. *Neurosyphilis* Up to Date, August 29, 2017.
Chart adapted from: Kent, Molly E. *Reexamining Syphilis: An Update on Epidemiology, Clinical Manifestations, and Management* Annals of Pharmacotherapy, 2008.