A Case of CMV (Cancer Mimicking Virulence) Secondary to Syphilis

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Background

Generalised lymphadenopathy and fatigue have a broad differential diagnosis ranging from self limiting infections to life threatening lymphomas. Certain diagnoses can be delayed or missed altogether when patients do not present to sexual health clinics

Aims

- **Highlight** secondary syphilis as a cause of lymphadenopathy amongst non-sexual health colleagues
- **Highlight** the importance of syphilis testing outside sexual health clinics, for those patients with clinical presentations consistent with secondary syphilis and/or with identifiable risk factors

Methods

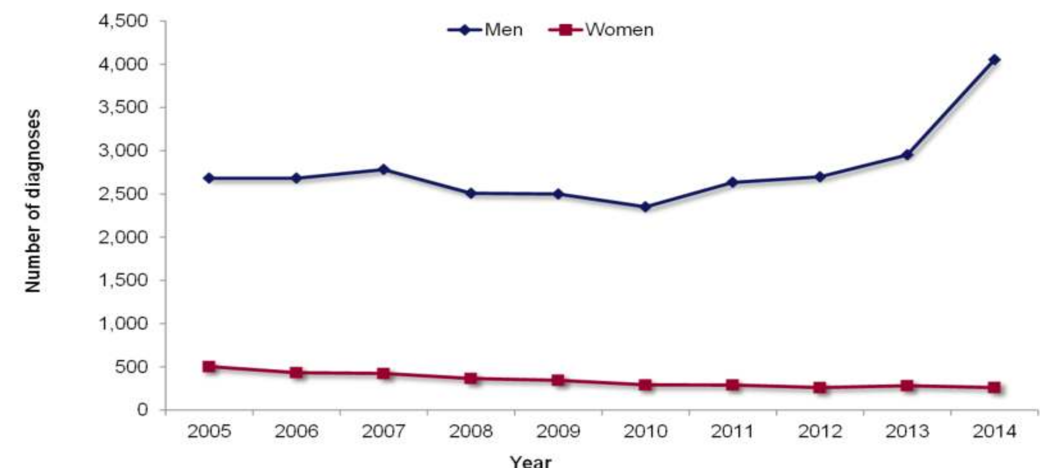
Case report of secondary syphilis which was misdiagnosed as CMV despite numerous investigations in primary and secondary care

Presentation

A 23 year Caucasian woman was referred to a lymphoma clinic in October 2013 by her GP with a three month history of lymphadenopathy and fatigue. She was diagnosed with a primary CMV infection and lost to follow up after her symptoms resolved

One year later she attempted to donate blood. Positive syphilis serology with a low **RPR of 1 in 2** was detected on routine blood screening by the transfusion service. The patient was referred to Bristol Sexual Health Centre where sexual history taking revealed she had a bi-sexual partner at the time of her illness who also tested positive for syphilis via partner notification

An archived blood sample from the time of her illness revealed active syphilis with a high **RPR of 1 in 32**



New diagnoses of syphilis (all stages) at GUM clinics by gender 2004-2015, England

Discussion

- Over the past decade, diagnoses of syphilis have increased considerably (PHE Health Protection Report) and continue to rise particularly in men who have sex with men. The largest proportional increase in STI diagnoses between 2013 and 2014 were reported for syphilis (33%)
- Secondary syphilis can mimic numerous illnesses and can present with a wide range of signs and symptoms
- The threshold for serologic testing should be low in those at risk. NICE recommend suspecting syphilis in cases of generalised lymphadenopathy. However syphilis testing remains uncommon outside of sexual health and antenatal clinics and blood donation centres for a variety of reasons
- PHE are considering introducing a recommended lymphadenopathy algorithm which includes syphilis for both GPs and internal medicine teams to avoid missing opportunities to test patients and avoid unnecessary referrals and investigations
- Continuing support for STI management in primary care through delivery of educational courses such as STIF should be maintained. This can help prepare primary care colleagues for routine sexual enquiry and to consider syphilis as a potential cause of lymphadenopathy and other unexplained symptoms consistent with secondary syphilis