Delayed Diagnosis of Neurosyphilis in a Patient with Long-Standing Psoriatic Arthritis – a Harsh Example of Clinical Mimicry

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CASE HISTORY

55 y.o. male presents with headaches and difficulty word-finding x several weeks

PMH: psoriatic arthritis x 16 yrs. (stable on infliximab); hypertension

SH: married with children; denies illicit drug use; acknowledges frequent alcohol use

FH: coronary heart disease

ROS: + frontal headaches, occasional tinnitus, difficulty concentrating, poor short-term memory; denies visual changes

Physical Exam

- HEENT: PERRL, EOMI, fundi benign w/o lesions
- CV: RRR, S1, S2, no murmurs or clicks
- Abd: soft, benign, non tender, non distended
- Skin: no rash, ulcers, lesions, or erythema
- Neuro: impaired speech fluency, impaired cognitive assessment (MoCA 22/30)

Figure. Head MRI sequences: disseminated frontal high signal lesions in T2 / flair images

PROVISIONAL DIAGNOSIS

Findings felt to reflect “aseptic meningitis due to chronic infliximab therapy”

- patient discontinued infliximab
- initiated trial of corticosteroids

Patient had no improvement over 10 months

- sought 2nd opinion at tertiary care center

CLINICAL RE-EVALUATION

- Persistent headaches & personality changes
- Patient acknowledged multiple recent sex partners (M & F)

3-site Ct/NG NAAT positive for *C. trachomatis* (rectal only)

Serologic tests

- RPR positive titer 1:1024
- Treponemal Ab positive
- HIV/HBV/HCV negative

Repeat CSF

WBC 54 cells/ μ L
98% lymphocytes
Protein 95 mg/dL
Glucose “normal”
CSF-VDRL + 1:8

INITIAL ASSESSMENT

<u>Routine labs</u>	<u>Add'l labs</u> (all normal)	<u>CSF Findings</u>
Hgb 12.7	ACE	WBC 104 cells/ μ L 98% lymphocytes
WBC 7.8	Cortisol	RBC 0
Plts 373	Myelo-peroxidase	Protein 90 mg/dL
Na 140	β -2 macro-globulin	Glucose 58 mg/dL
K 4.0	Proteinase 3	CSF negative for: HSV, VZV, fungal, AFB, WNV, TB, JCV, enterovirus, flow cytometry
Cl 100	HIV	
CO2 27	ESR	
BUN 13	ANCA	
Cr 0.9	SPEP	EEG
Gluc 180	UPEP	normal
Ca 9.7	PSA	Head MRI
AST 11	CEA	Focal left frontal leptomeningeal enhancement; consistent with chronic ischemic small vessel disease
ALT 13	Lyme	
Alk P 69	B12	
Alb 4.3	ANA	
Prot 7.3	ENA	
Bili 0.2	C3	
ESR 73	C4	

FOLLOW-UP

- IV penicillin therapy was initiated, with gradual improvement in headache and word-finding symptoms
- Chlamydia treatment was provided and all recent partners were notified
- Syphilis remains “The Great Imitator” – clinicians must remain vigilant of the breadth of syphilis clinical presentations