



## CONGENITAL SYPHILIS : NOT YET DOOMED

**Dr. Gangadhar S Mirji**

Assistant Professor, Department Of Pediatrics, S.N.Medical College And Hsk Hospital , Bagalkot.

**Dr. Avinash Bhaire\***

Junior Resident, Department Of Pediatrics, S.N.Medical College And Hsk Hospital , Bagalkot. \*Corresponding Author

**ABSTRACT**

Congenital syphilis (CS) has been known to man as early as 15th century. Although the rate of CS is declining ,a significant number of cases has been observed in the developing countries. This long forgotten disease continues to affect neonates resulting in perinatal -positive women and to assure adequate treatment to prevent the risk of vertical transmission. We present a 24 hour old female baby with history of noisy breathing since 12hour of life. VDRL of mother and baby were positive. Confirmed by positive Modified TPHA test. This case report stresses upon the importance of implementing the World Health Organization's recommendation that all pregnant women should be screened for syphilis in the first antenatal visit in the first trimester and again in the late pregnancy.

**KEYWORDS :** Congenital Syphilis, Penicillin , VDRL.

**INTRODUCTION**

•Congenital syphilis (CS) has been known to man as early as 15th century. Although the rate of CS is declining ,a significant number of cases has been observed in the developing countries. This long forgotten disease continues to affect neonates resulting in perinatal morbidity and mortality.[1]

•CS is mainly a due to lack of antenatal care and control of sexually transmitted infections. Proper antenatal syphilis screening is of primary importance to identify serum-positive women and to assure adequate treatment to prevent the risk of vertical transmission.[2]

•The case report stresses upon the importance of implementing the World Health Organization's recommendation that all pregnant women should be screened for syphilis in the first antenatal visit in the first trimester and again in the late pregnancy.

**CASE REPORT**

A 24 hour old female baby presented with history of noisy breathing since 12hour of life. Antenatal history was uneventful with no maternal ingestion of any drugs like methyl dopa, tricyclic antidepressants or propranolol . At 5 month of pregnancy screening of HIV, HBsAg and HCV was done which were negative but VDRL was "FORGOT". Baby was born out of non-consanguineous marriage to G3P2L2 through full term lower segment caesarean section (ind-previous LSCS ) delivery at local hospital requiring initial steps of resuscitation with birth weight of 2400 gram . On examination baby was looking irritable and was having profuse nasal secretions. Cutaneous , ophthalmic and otological , systemic examination were normal. The blood and serological investigations of mother and baby were sent .

**DIFFERENTIAL DIAGNOSIS :**

Neonatal rhinitis , Reflux rhinitis , Nasal trauma , Posterior choanal atresia , Syphilitic snuffles .

The baby was treated with crystalline penicillin 50,000 IU/kg/dose twice a day for 7 days and thrice a day for 3 days. The nasal secretions subsided by 3<sup>rd</sup> day and the baby was discharged after completing the course of antibiotics.

**MOTHER**

SL.NO	INVESTIGATION	VALUE
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1	HAEMOGLOBIN	9.7gm%
2	TLC	10800cells/cumm
3	PLATELETSCOUNT	3.08lakh/cumm
4	PS-STUDY	Normocyticnormochromic anemia
5	HIV-1&2	Negative
6	VDRL	Positive

**BABY**

SL.NO	INVESTIGATION	VALUE
1	HAEMOGLOBIN	18.1gm%
2	TLC	6510cells/cumm
3	PLATELETSCOUNT	2.87lakh/cumm
4	PS-STUDY	Leucopeniawithrelative lymphocytosis
5	SGPT	24IU/L
6	S.BILIRUBIN	Total12mg/dl,Direct0.6mg/dl
7	VDRL	Positive(1:8)RPRCARDTEST
8	MODIFIEDTPHATEST	PositiveSyphicheck-WB RAPIDSANDWICH IMMUNOASSAY
9	CSFSTUDY	2Cellsbothlymphocytes,CSF Glucose-42mg/dl,Protein 76mg/dl,C1112MEq/L

**BABY AT PRESENTATION****BABY AT DISCHARGE****CONCLUSION**

•Congenital syphilis represents a significant financial and emotional burden in developing countries. Even one case of congenital syphilis is a sentinel public health event, since timely diagnosis and treatment of syphilis infected pregnant woman should prevent transmission almost entirely.

•The serological screening tests are focused on HIV,HbsAg, HCV while VDRL is being forgotten . Hence this Case report is "Eye opener" that syphilis is still prevalent in 21<sup>st</sup> century.

•The possibility of congenital syphilis has to be valued in noisy breathing and watery nasal secretions.

## REFERENCES

1. Eliminating congenital syphilis. A global health priority. Geneva, World Health Organisation; 2005.
2. American Academy of Pediatrics. Report of the Committee on Infectious Diseases. Red Book. 26th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2003. p. 595-607.