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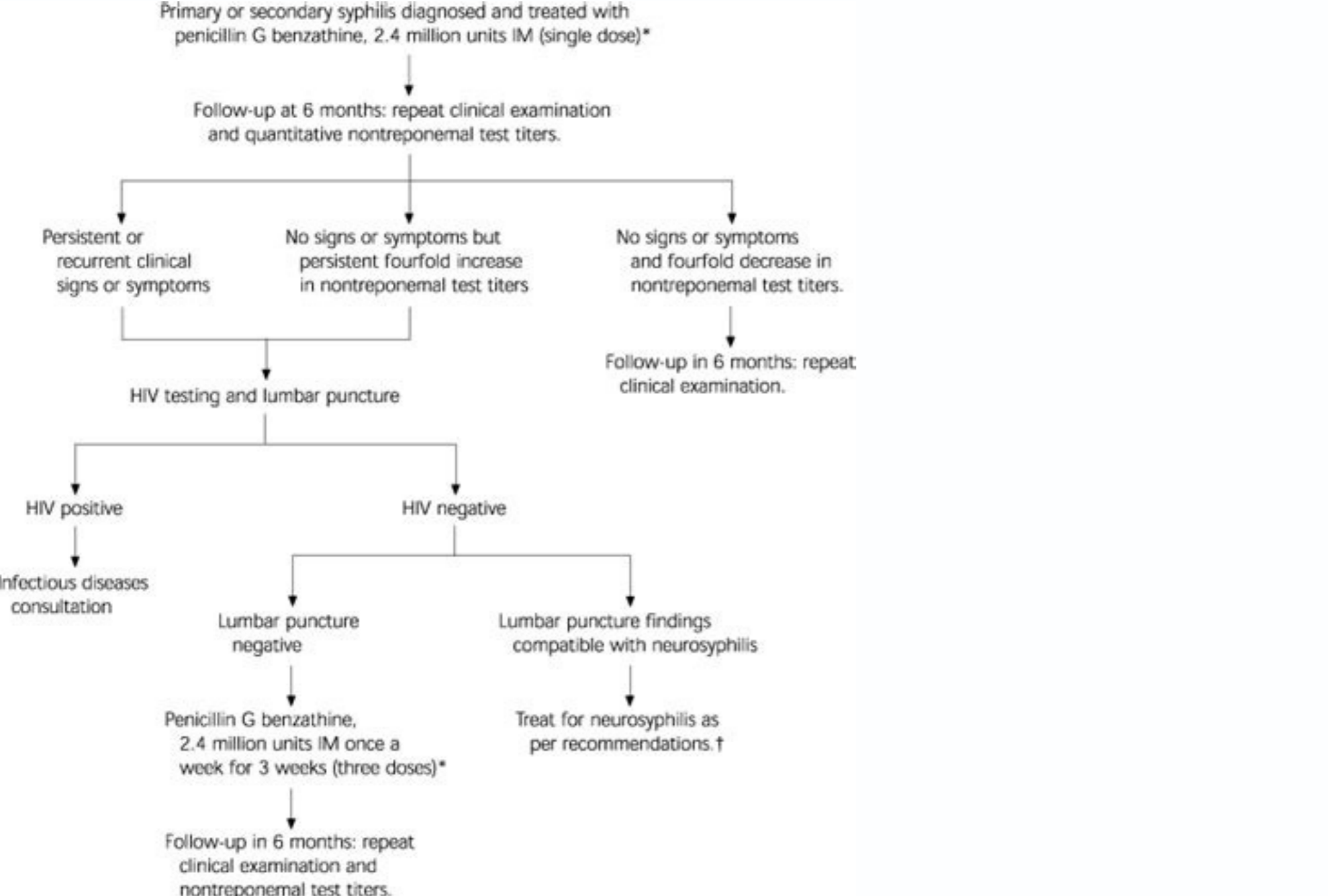
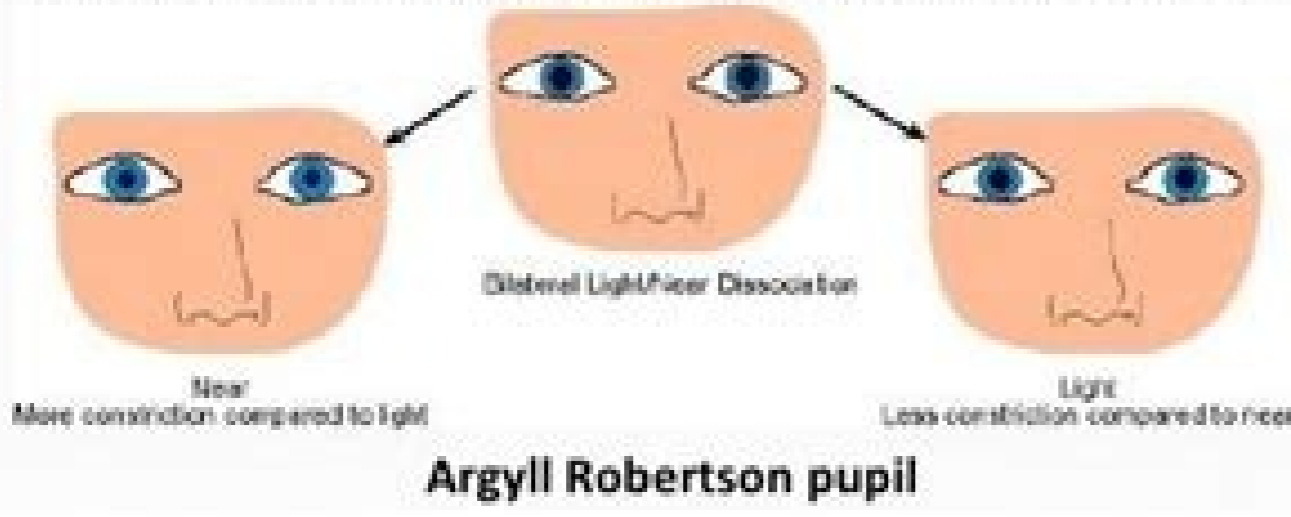
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Neurosyphilis

There are 5 clinical types of neurosyphilis:

- **Syphilitic meningitis.** headache, stiff neck, nausea, and vomiting, meningeal irritation, and cranial nerve abnormalities, Argyll Robertson pupil (bilateral small pupils that constrict when the patient focuses on a near object (they “accommodate”), but do not constrict when exposed to bright light (they do not “react” to light). They were formerly known as “Prostitute's Pupils” because of their association with tertiary syphilis, “like a prostitute, they accommodate but do not react.”

- **Meningovascular syphilis.** The focal deficits- seizures, paraplegia. Can also present as an infectious arteritis and cause an ischemic stroke.



Tab. 37.2 Therapieempfehlung der CDC Atlanta für Neurosyphilis (2010).

Antibiotikum	Applikation	Dosierung	Therapiedauer
wässriges Penicillin G	intravenös	3–4 Mio. IE alle 4 Stunden	10–14 Tage
Procain-Penicillin-G plus Probenecid	intramuskulär oral	2,4 Mio. IE/d 4 × 500 mg/d	10–14 Tage

Author	Study Design	Not Stated	Yes	No	Clearly Defined
Amare A[37]	Retrospective	Not Stated	No	No	Clearly Defined
Siddiqi OK[38]	Prospective	Yes	Yes	Yes	Clearly Defined
Chraa M[38]	Retrospective	No	Testing Not Performed	Testing Not Performed	Not Performed
Kumwenda JJ [40]	Prospective	Yes	No	Yes	Clearly Defined
Sokrab TE[41]	Prospective	Not Stated	Not Stated	Not Stated	Clearly Defined
de Maat Q[42]	Prospective Case Control Study	No	Testing Not Performed	Testing Not Performed	Not Performed
Silber E— 1999[43]	Prospective	Yes	Yes	Yes	Clearly Defined
Jarvis J[44]	Retrospective	Yes	Yes	No	Clearly Defined
Rajasingham R[45]	Prospective	Yes	Yes	Yes	Clearly Defined
Szabo I[46]	Prospective	Not stated	No	Not stated	Not Clearly Defined
Yahyaoui M [47]	Retrospective	Yes	Yes	Yes	Clearly Defined
Rafai MA [48]	Retrospective	Yes	Yes	Yes	Not Clearly Defined
Alali F[49]	Retrospective	Yes	Yes	Yes	Not Clearly Defined
Timmermans M[50]	Retrospective	Yes	Yes	Yes	Clearly Defined
Molepo J[51]	Prospective	Yes	Yes	Yes	Clearly Defined
Cisse A— 2002[52]	Retrospective	Yes	Yes	Yes	Clearly Defined
Reekie I[53]	Retrospective	Yes	No	No	Clearly

Therefore, neurosyphilis can potentially occur in any patient. [3] [4] With the advent of penicillin, syphilis rates reached a nadir at the end of the XX century, but since then they rose, particularly in the HSH population. Patients under therapy for syphilis should be informed about the need to repeat titers as a healing test. Patients who are treated by syphilis and can not reach a four-fold declining in non-treponemal titers within 6 to 12 months may have neurosyphilis not recognized requiring additional treatment and more aggressive treatment. Confirmation is historic pathway and CSF studies. This is sensitive but not specific because the infectious and non-infectious causes can result in higher ceasing count. [PMC Free Article: PMC1048248] [PubMed: 5160160] 2.Ghanem kg. In addition, the belief is that bacterial neuroinvasion occurs in all patients, and is a failure of release, which results in the condition. [1] [2] Five types of neurosyphilis exist, ranging from the initial forms consisting of asymptomatic, meningeal and meningovascular or the delayed forms of general paresis and tabes dorsalis. The enzymatic immunoassay of *Treponema pallidum* (EIA) may be necessary for those who are low at risk to rule out the possibility of syphilis (level of evidence IIB). This activity explains when neurosyphilis should be in the differential diagnosis and describes epidemiology, disease manifestations.

evaluation and neurosophils management. Meningovascularitis is defined as the inflammation of meninges, as well as endarteritis causing stroke and brain infarction. Symptoms are not specific and include headache, nausea, vito and vertigem.it cause stroke, and symptoms depend on the thrombosis site and corresponding brain functions. Spectral cable vessels can also be affected, resulting in meningomyelitis Spastic weakness (particularly at the lower extremities), lower). Loss and muscular atrophy. This monitoring must be carried out monthly for three months, and at 6 and 12 months for early sullivan. 2014 May 09; 63 (18): 402-6. Treatment should be initiated immediately because some complications can be reversible, and the success of therapy has a reverse relationship with the duration of the infection not treated. [9] Most patients, in whom the diagnosis of neuroseals is done or considered, should receive an infectious disease and neurology consulting. Continuum (Minneapolis Minn). Patients with meningovascular disease, general paresis or abobedos can improve but generally do not return to their health or functional baseline. Although sullivan is a reporter condition, neurosophils rates in the United States are not partially known due to vigilance definitions that require data that are often not available. Dorsalis tabs result from the degeneration of the back column (dorsal) of the spinal cord. Classically patients have ataxia, radius (lancinand) pain, bladder dysfunction, paresthesia and traints of vision, the dies Additional neurological ficits include pupil abnormalities (Argyll Students Robertson), ocular paralysis, decreased reflections, vibrating and proprioceptive deficiencies, ocular paralysis and pudding articulations. [2] [9] [10] Suspected sullivan infection shall be confirmed before or considered in conjunction with the diagnosis of neurosophilis; Sullivan is more discussed in Statpearls - synphilis.diagnosis of neurosafilis continues to be a challenge due to any existing standardized tests, but is done in a combination of clinical analysis and CSF discoveries. Infect Don Clin North AM. 2013 dec; 27 (4): 705-22. The meningeal is resulting from the diffuse inflammation of meninges. Symptoms Meningais include headache, nausea, vain, neck stiffness, photophobia, nerve ficits cranial, and possibly convulsions. Neosphilis HIV patients. Prevalence of Sophilis in Sex workers in three rural cities of the state of parano, Brazilian Amazon. The interpretation of pleocytosis is still confusing in patients with HIV who may have pleocytosis, regardless of the preset of neurosophilis, particularly if they are not in anti -retroviral therapy.CSF - can help in the diagnosis, but A Its presence is not sensitive or specific in the diagnosis. [2] [6] Neuroimaging may be in diagnosis and management, but the results are usually not specific. Patients with asymptoms or meningeal neurosifilis usually return to normal health, if treated properly. [No 5] Revision questions 1.Collart P. Franceschini P. Durel P. For patients with late healthy, this should occur every six months to negative (no evidence IV). With regard to neurosafilis, FCF studies should be tested every six months to negative (not to evidence IV). [12] Patients with neurosephilis should be admitted to the inhãio of the antibiotics, as they would require patient treatment. Neurosãfilos currently includes two regimes recommended by CDC.Penicillin G of 3 to 4 million units is administered intravenously every 4 hours for 10 to 14 days, or penicillin g 24 million units such as an infusion containing to 10 14 DAYSPROCAINE PENICILLIN G of 2.4 million units intramuscularly daily probenecid 500mg Po four times day to 10 to 14 days are options after the desensitization of penicillin in those with a penicillin allergy.ceftriaxona is another Therapy option with the regime being 2G IV or daily for 10 to 14 days. [2] [6] Patients with a high title of Secondary Samphilis can develop Jarisch-HEXHeimer's reaction, which is an immune-mediated self-limited reactions that occurs within 2 to 24 Hours of treatment and is characterized by high fever, headache, myalgia and eruption. Paths need to be followed At 3, 6, 9, 12 and 24 months with non-treponemal tests serial. Jama. Jama. Free Article: PMC2563895] [PubMed: 17151044] 13.Clement me, Okeke NL, Hicks CB. MMWR Morb Mortal Wkly Repr. All patients diagnosed with neurosophilis should also be tested for HIV. 2015 DEC; 21 (6 Neuroinfectious disease): 1714-28. Handb Clin neurol. 2014 Nov 12; 312 (18): 1905-17. They also have access to a graph that lists the diseases, symptoms and complications and vaccines that prevent them. What information are available to immunization schedules? Immunization schedules designed for health providers include additional information such as situations, when individuals need specific immunizations and spectral contraindications for vaccines. The Jarisch-Herxheimer reaction is an expected response and treatment is solidized with acetaminofen. In the diagnosis and treatment of neurosophilis, interprofessional communication between providers can streamline the process of treatment. Sex Trans. It can be asymptomatic or can result in a range of diseases that include genetic paresis, meningovascular, general and dorsalis abobedos. The tool produces a list of vaccines for individuals to discuss with their physicians. How to read the CDC immunization schedule? Information on the immunization schedule are organized so that it is easy to read. More than questionswered.net with the advent of antibiotics, neurosophilis became a rare diagnosis. Poncillin is the pillar of treatment, and CSF confirmatory studies à € à €

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