

Different Stages of Syphilis

Primary Syphilis (Early syphilis)

- A small painless sore (sometimes more than one), called a chancre, appears at the spot where the bacteria entered the body (mouth, vagina, penis, anus).
- May not notice the chancre because it's usually painless, and hidden within the vagina or rectum.
- An incubation period of about three weeks from sexual contact but can range from 9 - 90 days.
- If not treated, the ulcer will heal without scarring after some 2–10 weeks, but the infection may then progress to the secondary stage.

Both RPR/ VDRL and rapid test are negative in the early phase of primary syphilis, taking 1–4 weeks after the chancre appears to become reactive.

A negative RPR or rapid syphilis test therefore does not exclude syphilis at the primary syphilis stage. Tests should be repeated at 4 weeks later

Secondary Syphilis (Early syphilis)

- a generalized maculo-papular rash that is usually asymptomatic or mildly itchy and may also be seen on the palms and the soles of feet;
- patchy alopecia (hair loss that can affect the scalp or the entire body)
- generalized lymphadenopathy;
- condylomata lata; hypertrophic lesions resembling flat warts in the moist areas, such as the labia and perineum, the folds of the foreskin and around the anus that are teeming with spirochaetes and are therefore highly contagious; and painless shallow ulcers of the oral or genital mucous membranes (mucous patches) that are highly contagious.

Latent syphilis

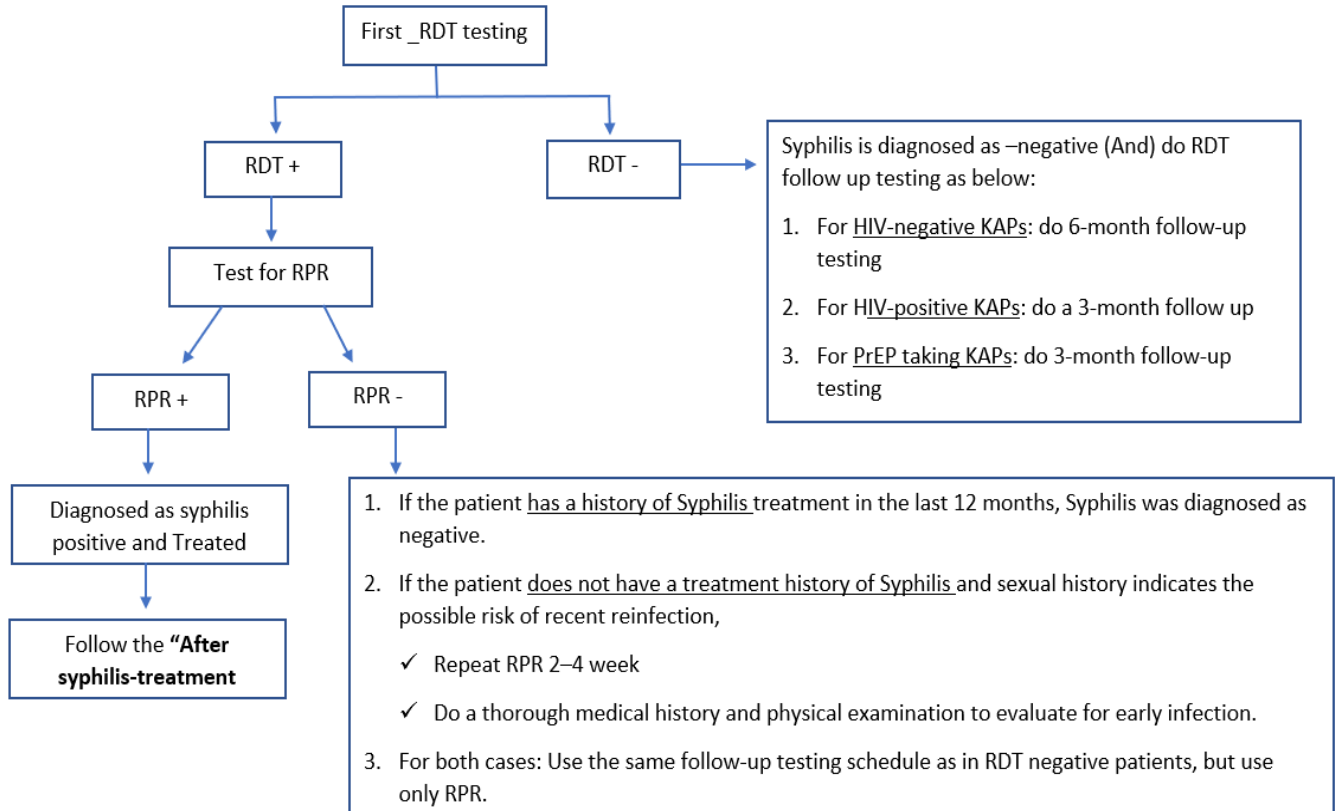
- **Early latent syphilis (<2 yr) ¹**
- **Late Latent Syphilis (≥ 2 years) ¹**

Tertiary Syphilis

- cardiovascular syphilis,
- psychiatric manifestations (e.g., memory loss or personality changes), or

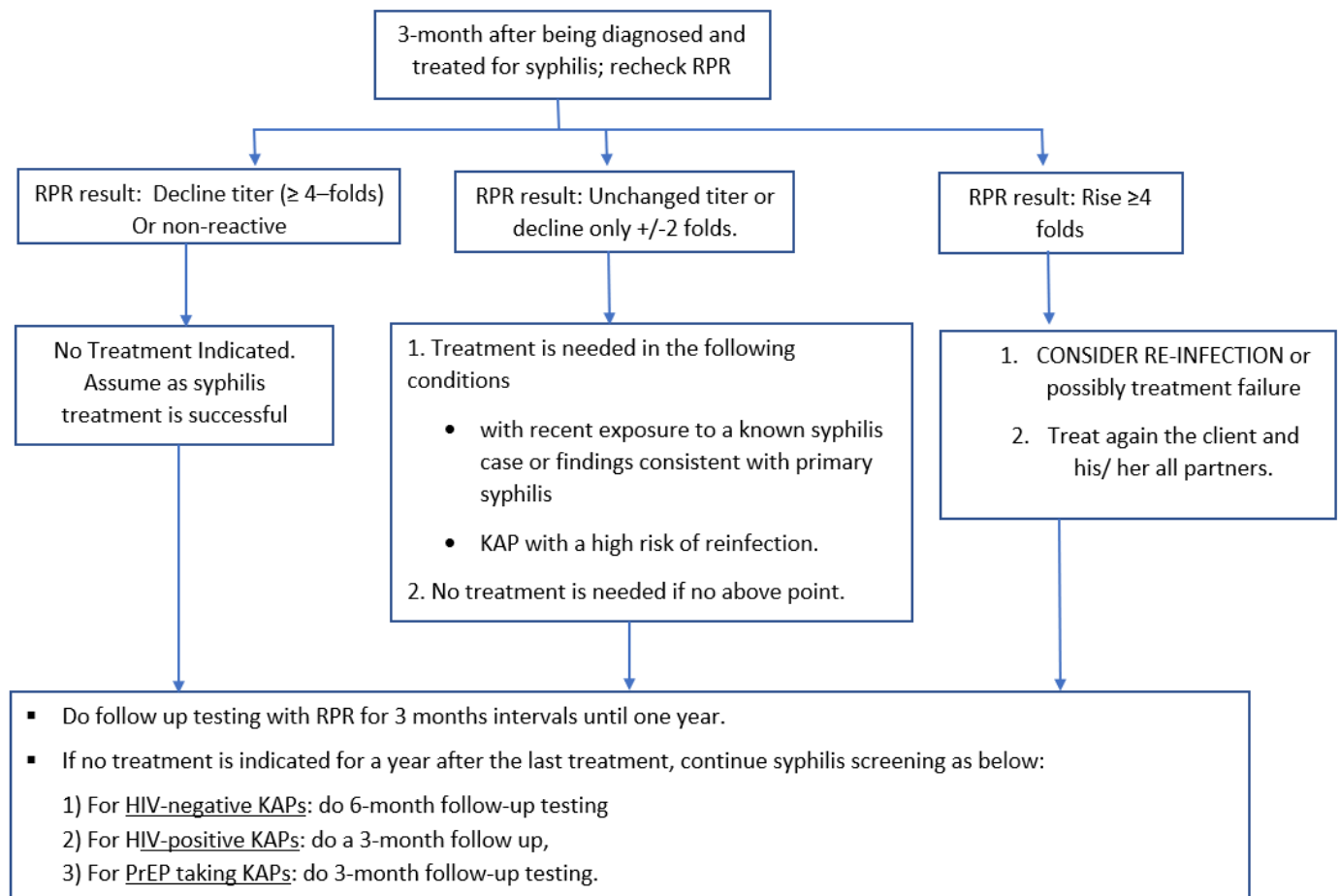
- late neurosyphilis.

Syphilis Diagnosis



- Both RPR/ VDRL and rapid test are negative in the early phase of primary syphilis, taking 1–4 weeks after the chancre appears to become reactive.
- A negative RPR or rapid syphilis test therefore does not exclude syphilis at the primary syphilis stage. Tests should be repeated at 4 weeks later

After syphilis treatment testing flow chart



- If clinical evidence of neurologic involvement is observed (e.g., cognitive dysfunction, motor or sensory deficits, cranial nerve palsies, or symptoms or signs of meningitis or stroke), a CSF examination should be performed before treatment.
- CNS involvement can occur during any stage of syphilis, and CSF laboratory abnormalities are common among persons with early syphilis, even in the absence of clinical neurologic findings. No evidence exists to support variation from recommended diagnosis and treatment for syphilis at any stage for persons without clinical neurologic findings, except tertiary syphilis

Syphilis treatment

Early syphilis treatment

- Primary Syphilis
- Secondary Syphilis
- Early Latent Syphilis (< 2 year) ¹

For women who have primary, secondary, or early latent syphilis, a second dose of benzathine penicillin G 2.4 million units IM can be administered 1 week after the initial dose

1st Line treatment	Alternative treatment
• Benzathine Penicillin 2.4 IM stat (+ lidocaine 1%) • Children > 1mth: Benzathine penicillin G 50,000 unit/kg	Doxycycline ² 200 mg OD x 14days or Azithromycin 2 gm stat ³ Erythromycin ⁴ 1gm BID x14days

1. Estimation
2. Doxycycline not for children < 8yrs.
3. For SW in situations where Benz. Penicillin can't be given. (approval of doctor in charge)
4. If syphilis is treated with erythromycin in pregnant women, the baby should receive Ben Pen as erythromycin does not pass placenta.

Late Syphilis Treatment (latent syphilis ≥ 2 years or latent syphilis with unknown duration)

1st Line treatment	Alternative treatment
• Benzathine Penicillin 2.4 IM weekly for 3 weeks (+ lidocaine 1%) • Children > 1mth: Benzathine penicillin G 50,000 unit/kg	Doxycycline ² 200 mg OD x 28 days or Azithromycin 2 gm stat ³ Erythromycin ^{3, 4} 1gm BID x 28 days

1. Estimation
2. Doxycycline not for children < 8yrs.
3. For SW in situations where Benz. Penicillin can't be given. (approval of doctor in charge)
4. If syphilis is treated with erythromycin in pregnant women, the baby should receive Ben Pen as erythromycin does not pass placenta.

Tertiary Syphilis Treatment (Neurosyphilis, Ocular Syphilis, and Ootosyphilis)

- If clinical evidence of neurologic involvement is observed (e.g., cognitive dysfunction, motor or sensory deficits, cranial nerve palsies, or symptoms or signs of meningitis or stroke), a CSF examination should be performed before treatment.
- CNS involvement can occur during any stage of syphilis, and CSF laboratory abnormalities are common among persons with early syphilis, even in the absence of clinical neurologic findings. No evidence exists to support variation from recommended diagnosis and treatment for syphilis at any stage for persons without clinical neurologic findings, except tertiary syphilis

1st Line treatment	Alternative treatment
• Aqueous crystalline penicillin G, 3 - 4 million units IV every 4 hours x 10-14 day	Procaine penicillin G 2.4 million units, IM, daily x 10 – 14 days PLUS Probenecid 500 mg, orally, QID x 10 - 14 days

References

- WHO STI guideline 2021
- CDC STI guideline 2021
- MAM STI guideline 2023