Posterior Uveitis Secondary to Syphilis

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A 24-year-old man presented to the ophthalmologist complaining of decreased vision and intermittent dull pain in the left eye of 5-months duration. Ophthalmologic examination revealed visual acuity of 20/70, mild inflammatory reaction in the anterior chamber, vitreous haze (blur in figure 1), optic nerve edema, and retinal arteriolar narrowing and sheathing (figure 1). Additional history was significant for recurrent facial zoster, anal condyloma acuminatum, and a recent episode of pneumonia. General examination revealed multiple umbilicated lesions on facial skin consistent with a diagnosis of molluscum contagiosum. There was a fading macular rash on the palms of his hands and the soles of his feet. The differential diagnosis for this combination of long-standing vitritis and retinal arteritis in the setting of multiple comorbidities suggestive of human immunodeficiency virus (HIV) is highly suspicious for syphilis, although it also includes necrotizing herpetic retinopathies, toxoplasmosis retinochoroiditis and non-infectious etiologies such as sarcoidosis.^{1,2} Serological testing confirmed the clinical diagnosis of tertiary syphilis and HIV. The eye pain and vitritis responded to intravenous penicillin G, however the vision remained unchanged.

References

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Figure 1 . Examination of the fundus shows evidence of long-standing vitritis and retinal arteritis as evidenced by the presence of (a) mild inflammation, optic nerve edema (arrow) and (b) vitreous haziness and presence of retinal arteriolar narrowing and sheathing (arrow).

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