



## 5. NEUROSYPHILIS CASE REPORT

**Author:** Rotari Mihaela

**Scientific advisor:** Gorgos Eugen, Assistant Professor, Department of Dermatovenerology, Nicolae Testemitanu State University of Medicine and Pharmacy, Chisinau, Republic of Moldova

**Introduction.** Neurosyphilis is relatively rare in last decades, due to the epidemiological measures in force. Because of the variety of clinical manifestations, from mild behavioral disturbances to paralysis and death, neurosyphilis can be a diagnostic challenge.

**Case presentation.** A 42-year-old man, arrives at the hospital with suspected cerebro-vascular accident, which is not confirmed. The patient found with positive RPR, HIV negative, is referred to the Dermatology and Communicable Diseases Hospital. The patient was without lesions on the skin and mucous membranes, difficult to assess the moment of primary infection. From obvious manifestations - cognitive disorders, disorientation in time and space, passive position. The MoCA cognitive test was 9 points. The diagnosis was established based on CSF analysis - CSF VDRL positive titer 1:8; TPHA passive hemagglutination positive 4+, Westernblot IgG positive. On CT examination - punctate atheromatous deposits at the level of bilateral carotid siphons; no intracranial pathological foci were found. Treatment with high-dose penicillin was performed, but the cognitive symptoms did not change during and after the treatment.

**Discussion.** As presented in this case, cognitive decline was not significantly improved after treatment, but the neurological reevaluation of the patient at least 6 and 12 months after treatment is interesting.

**Conclusion.** Cognitive decline and personality disorders must be taken into consideration for the diagnosis of central nervous system infections, especially neurosyphilis. There are not enough data on the degree of reversibility of the neurological changes, related to the duration of the syphilitic infection.

**Keywords.** Neurosyphilis, cognitive disorders.