

NEUROSYPHILIS (ASYMPTOMATIC) WITH PSYCHIATRIC MANIFESTATIONS (A Case Report)

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Summary

One of the serving soldiers was admitted to the Psychiatric Wing of a Military Hospital in an acutely confused state. Investigations and observations confirmed the diagnosis of Neurosyphilis and the therapeutic response was satisfactory. The case is reported as one with unusual manifestations of neurosyphilis.

Introduction

Neurosyphilis occurs in about 10 per cent of persons infected with *Treponema pallidum* (T. P.) who may or may not have primary sore or any cutaneous manifestations; leading to a claim that neurotropic and dermatropic strains of T.P. are different. Mental symptoms are usually in the form of personality changes and disturbances in memory and mood usually associated with some neurological changes and changes in cerebrospinal fluid. These may clear up but the residual features of impairment of intelligence and memory may persist.

Case Report

Male aged 35 years, a serving soldier was admitted to the psychiatric service in an acute state of excitement of 3 days duration. He was found to be disoriented, confused and unable to give a coherent and relevant account of himself. He was found to be having visual hallucinations. His intelligence,

memory for the recent past, reasoning and judgement were impaired. He had to be fed and cleaned forcibly.

Clinical examination revealed a well nourished individual with no abnormal findings in the heart, lungs and abdomen. Detailed neurological examination did not reveal any abnormality. Fundii and peripheral vessels were normal. Routine examination of Blood for STS and FTA-ABS were reactive. CSF revealed 10 cells per cmm (Mononuclear), 65 mg%, protein and increased globulin. Chloride and sugar content were normal. Colloidal gold test could not be done.

Source of infection

The patient denied history of premarital or extra marital exposure. His wife's STS was found to be reactive. She did not give any history of genital sore, skin or mucosal lesions or abortions. Their only child, a 4 year old daughter was healthy. STS was not performed on the child due to unwillingness on the part of the parents.

Treatment

Patient was treated with a course of 2.4 M.U. of Benzathine penicillin every

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Received for publication on 15-5-1976

week for 4 weeks. Most of the mental symptoms cleared up but some diminished intelligence and impaired memory persisted. After 3 months the cerebrospinal fluid became normal although STS remained positive. He was discharged from the hospital in a low medical category (Sheltered environment) so that he could be under observation and reviewed every six months in the same Centre. On second review patient was found to be asymptomatic.

Discussion

Syphilis at one time accounted for 10 - 20% of admission to State hospitals for insanity but with the advent of effective therapy it is becoming a medical curiosity. In the Armed Forces (India) one does not see a case of Neurosyphilis because of early detection and treatment of the infected persons.

Neurosyphilis occurs in about 10% of persons infected with *Treponema pallidum* and it is claimed that certain strains have an affinity for the nervous system. Supporting the claim is the fact that a number of individuals infected by the same person developed neurosyphilis; their primary sore and secondary cutaneous manifestations being slight or absent.

This married individual denied history of premarital and extra marital exposure and his wife gave no history attributable to syphilitic infection. He had never noticed penile sore, rashes or urethral

discharge. The premorbid and family history did not reveal any indication of mental illness. Patient was admitted mainly for psychiatric manifestations of sudden onset. His blood for STS was reactive in I dilution. CSF and blood were reactive to FTA-ABS test. His wife's blood also showed positive STS reaction. Since no neurological abnormality could be detected the case was diagnosed as one of asymptomatic—Neurosyphilis with Psychiatric manifestations. The mental symptoms presented by the patient were of an unusual nature in the form of acute confusional state. Patient showed marked improvement clinically and CSF became normal after treatment with 9.6 MU of Benzathine penicillin. It would appear that the patient probably had a marital infection but failed to notice the clinical manifestations of early syphilis which may have been of a mild nature. However Syphilis d'emble resulting from repeated small pox vaccinations given regularly to serving soldiers should also be entertained as a possible source of infection in this patient.

Acknowledgement

The authors are grateful to Colonel TR Chopra, Senior Adviser (Derm and Ven) Army Hospital, Delhi Contt. for his guidance in this case and to Colonel J Prasad, Officer Commanding, Military Hospital, Pathankot for permitting to publish the case. We are also thankful to the Director of Institute of Venereology, Madras for testing the Blood for FTA-ABST.