33 yo Caucasian woman residing in Mexico with her boyfriend presented to the ED in 1993 with headache, chronic eye pain, near blindness, and a non-pruritic rash on her arms and legs. She first noted bilateral blurry vision, more prominent in R eye, in June 1992. In October 1992, she had seen a local ophthalmologist who prescribed her eye drops without improvement. In March 1993, she crossed the US Border and presented to the UCSD ED where she was diagnosed with neurosyphilis (serum RPR titer 1:32) and HIV (CD4 count 391, 30%). She had acquired HIV from her boyfriend.

Ocular examination revealed vitritis. She was able to see shapes at the time. Lumbar puncture was performed with positive VDRL. She was immediately started on iv penicillin x 21 days. Repeat serum RPR a month later was 1:8. For her HIV, in 1993, she was started on AZT monotherapy.

The patient is now 53 years old. Her HIV is well controlled with a CD4 816, 39% and undetectable viral load on darunavir, ritonavir, truvada, and raltegravir. Unfortunately, she is unable to live independently. She now resides in an HIV group home. Her last RPR on 4/29/2010 was non-reactive.

This case highlights the importance of early diagnosis and treatment of neuro-ocular syphilis to prevent chronic disability and pain.


Parc CE, Chahed S, Patel SV, Salmon-Ceron D. Manifestations and treatment of ocular syphilis during an epidemic in France. 2007. Sexually Transmitted Diseases. 34: 553-556.

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