

## **NEUROSYPHILIS: THE "GREAT IMITATOR"**

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**PURPOSE:** To underpin the wide clinical phenomenology of neurosyphilis and to underline the clinical, EEG and MRI improvement after treatment.

**SUBJECTS AND METHODS:** This is a 52yo man with a history of dementia diagnosed two years ago, who presented with status epilepticus (SE). His events were dyscognitive seizures which evolved to bilateral convulsive seizures and were well controlled with i.v Lorazepam and Phenytoin. After controlling SE, EEG showed nearly continuous polymorphic delta and theta slowing over both temporal regions. Brain MRI showed a marked atrophy over both temporal lobes as well as increased signal in FLAIR. His MMSE score two weeks after controlling his seizures was 7.

**RESULTS:** After extensive blood tests the RPR test was found positive. A lumbar puncture confirmed the diagnosis of neurosyphilis (positive VDRL, FTA-ABS tests). An i.v therapy with penicillin G was initiated and a month later patient was still seizure free while his MMSE score increased to 13. A new MRI and EEG was performed and showed an improvement in parallel with clinical improvement.

**CONCLUSIONS:** This is a case of neurosyphilis mimicking dementia and presenting as status epilepticus. After the confirmation of neurosyphilis the treatment improved patient's clinical picture, the EEG and MRI findings. These findings underline the wide clinical phenomenology of this great imitator as well as the need for rapid investigation since treating the underline condition will result in a better outcome.