POSTERIOR PLACOID CHORIORETINITIS WITH OPTIC NEURITIS: AN UNUSUAL OCULAR MANIFESTATION OF SYPHILIS

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Purpose: Syphilis is an infectious disease that can cause a wide variety of ocular signs. One of the rarest manifestations of ocular syphilis is acute syphilitic posterior placoid chorioretinitis (ASPPC) with optic neuritis (ON). We report on the spectral-domain optical coherence tomography (SD-OCT), fundus fluorescein angiography (FFA), and indocyanine green angiography (ICGA) features of a case diagnosed with bilateral ASPPC with ON.

Methods: A 35-year-old man presented with a sudden loss of visual acuity (VA) in both eyes. VA was 20/40 in the right eye and 20/80 in the left eye. His clinical signs were large, geographic, yellow-white lesions scattered on the posterior poles and bilaterally elevated optic nerves. This patient was evaluated with serologic screening and FFA on presentation and during follow-up, as well as SD-OCT, ICGA, and perimetry examinations.

Results: Laboratory workup revealed positive serology for active syphilis. SD-OCT showed a marked distortion of both the choroidal and outer retinal architecture. After penicillin treatment VA improved. After five months, best-corrected VA were 20/20 in both eyes.

Conclusion: ASPPC with ON may cause the initial symptoms that lead the patient to the hospital, and this gives the ophthalmologist an important role in the detection and treatment of active syphilis. Adequate treatment results in good visual recovery.