

CONGENITAL SYPHILIS

By

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Congenital syphilis is still an important contributor to perinatal mortality and morbidity in many parts of the world (Tan, 1973). Although the disease is rare in Western countries due to improved perinatal care, its incidence is still fairly high in developing countries (Holder and Knox, 1972). In this report, the clinical features of congenital syphilis as seen at our hospital have been summed up.

Material and Methods

Fourteen infants with positive KT/VDRL tests, whose mothers were known to have had syphilis were studied. Each infant was examined at birth and daily thereafter till discharge or death. The placentae were examined after cleaning them of blood clots.

Cord venous blood was collected from freshly delivered placenta for KT/VDRL tests.

Results

Of the 14 infants studied, 2 were clinically normal and remained so throughout their stay at the hospital. Both the mothers had been given specific anti-syphilitic therapy at the antenatal clinic. These infants were born at term, placentae were unremarkable and the placenta/fetus ratio was 0.18 and 0.22 respectively.

The remaining 12 infants showed signs of congenital syphilis at birth. One infant

was still born and one died in hospital at day 3. All had obvious hepatosplenomegaly. Three had generalised skin peeling and 2 had bullous skin lesions. One infant had clinical evidence of osteochondritis, which was confirmed radiologically. All the surviving infants developed edema during their stay at the hospital. All infants were born prematurely and were small for gestational age. The placentae were pale and bulky with a high placenta/fetus ratio (mean 0.43, range 0.34-0.57).

Discussion

Congenital syphilis is known to have a variable presentation (Gingrich *et al* 1976). Several reports have documented infants apparently normal at birth but developing signs of the disease later on (Fiumara, 1975; Nabaro, 1954), whereas others have found the signs of the disease at birth itself (Tan, 1973; Bryan and Nicholus, 1981). In this study, signs of the disease were present in 12 infants at birth while two were apparently normal at birth.

Hepatosplenomegaly was the commonest finding and has been reported to be the only abnormality in some instances (Brown and Moore, 1963). Peeling, bullous lesions and osteochondritis are the other important signs and should be looked for in all infants suspected of having the disease.

One still born infant was edematous. Hydrops fetalis has also been documented in some case (Bulova *et al*, 1972). Other

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live born infants were also having edema which was greater than could have been accounted by prematurity alone. The edema in congenital syphilis is thought to result from vasculitis, resulting in fluid leaks in the tissues (Fanaroff and Marta, 1983).

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