



# CLASSIFICATION OF SYPHILIS

## INFECTIOUS

### Primary

- Clinical: One or more ano-genital or oral ulcers (chancres) present which may vary considerably in appearance.
- Laboratory: Serological tests are usually reactive.

### Secondary

- Clinical: Skin spots or rashes are present, particularly on the trunk, palms and soles, often with generalised lymphadenopathy. The primary chancre may still be present. Neurological symptoms may be present
- Laboratory: Non-treponemal (RPR, VDRL) titre  $\geq 1:4$

### Early Latent

- (disease acquired within the last 2 years)
- Clinical: No symptoms of syphilis are present
  - Laboratory: Treponemal (TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) tests have increased 4 fold

## NON-INFECTIOUS

### Late Latent

- (disease acquired *more than 2 years, or at an unknown time*)
- Clinical: No symptoms of syphilis are present
  - Laboratory: Treponemal (TPPA, FTA-Abs) tests are reactive and the non-treponemal (RPR, VDRL) tests maybe reactive

### Neurological

- Clinical: Syphilis of any stage with clinical symptoms/signs of neurosyphilis
- Laboratory: Raised CSF protein or WCC in the absence of other known causes of these abnormalities.

### Tertiary

- Clinical: Characteristic abnormalities of the cardiovascular, skin, bone or other systems.
- Laboratory: seek expert advice

## Congenital Syphilis

A condition affecting an infant whose mother had untreated or inadequately treated syphilis at delivery.

## SYPHILIS SEROLOGY

**Treponemal tests**, for example **TPPA, TPHA, T. pallidum EIA, FTA-Abs**, indicate exposure to syphilis at some time. They may stay positive for life after infection.

**Non-Treponemal tests** such as **VDRL, RPR** indicate disease activity, detect reinfection and monitor response to treatment. They are expressed as a titre (eg 1:4, 1:32); a change is significant if it is 4-fold or more eg from 1:2 to 1:8