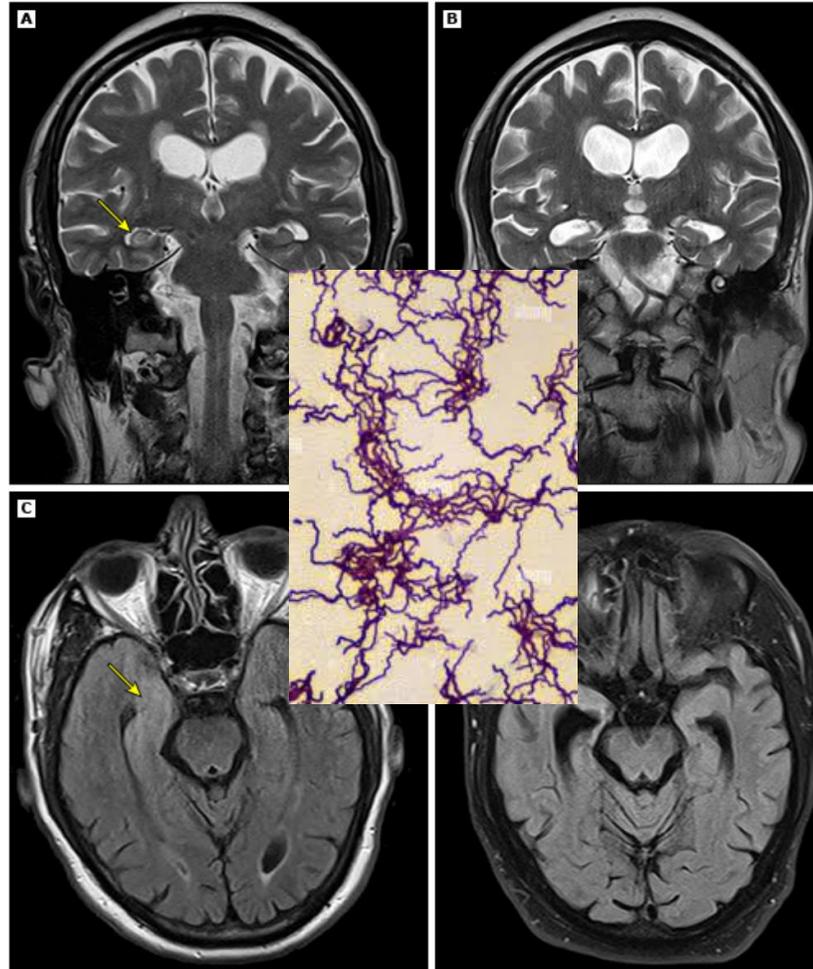


NEUROSÍFILIS

Julia Francesca Barrutia Yovera
Residente de 1er año de
Neurología



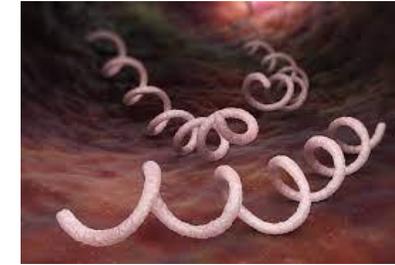


Table 1. Clinical classification of neurosyphilis

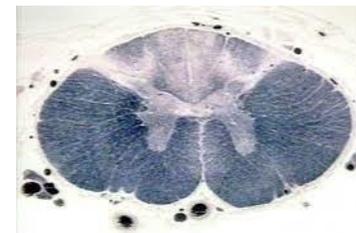
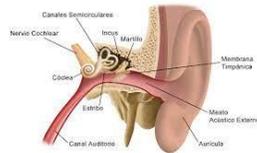
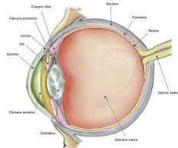
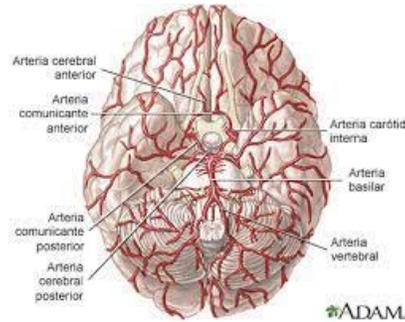
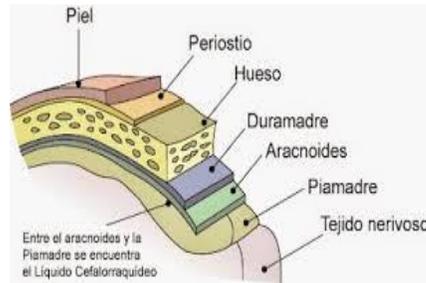
Form	Manifestations
Early neurosyphilis	Affects meninges, CSF, and blood vessels. Seen weeks, months, to a few years after initial infection.
Neuroinvasion	Identification of <i>Treponema pallidum</i> in CSF. May be spontaneously cleared, may elicit a transient meningitis that is cleared, or may elicit persistent meningitis.
Asymptomatic neurosyphilis	Persistent, but asymptomatic, meningitis defined by CSF abnormalities, which may or may not include identification of organisms in CSF. This form of neurosyphilis is treated to prevent development of symptomatic neurosyphilis.
Syphilitic meningitis	Meningismus, fever, cranial nerve palsies. Focal areas of meningitis may form a gumma, which is a space-occupying lesion contiguous with the dura. Abnormalities of cranial nerves II, III, IV, VI, VII, and VIII may be seen.
Syphilitic meningovascularitis	Meningitis with stroke, usually in the middle cerebral artery distribution, but can uncommonly affect the spinal cord.
Late neurosyphilis	Affects brain and spinal cord parenchyma. Occurs years to decades after initial infection.
Dementia paralytica or general paresis of the insane	Rapidly progressive dementia with personality changes.
Tabes dorsalis	Spinal cord disorder affecting the posterior columns with sensory ataxia and bowel and bladder dysfunction. Argyll-Robertson pupils and optic atrophy may be present.

CSF—cerebrospinal fluid.

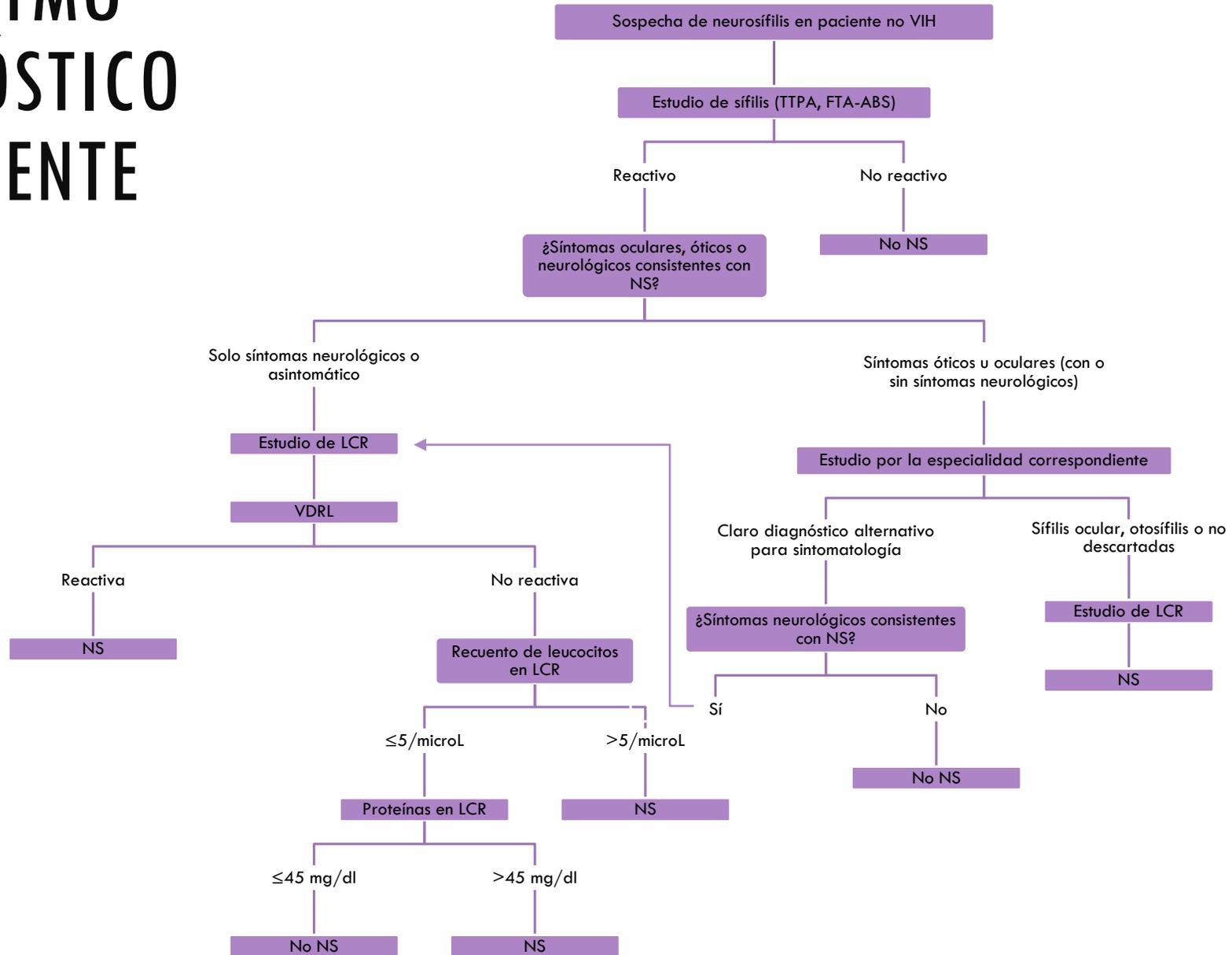
Neurosífilis temprana



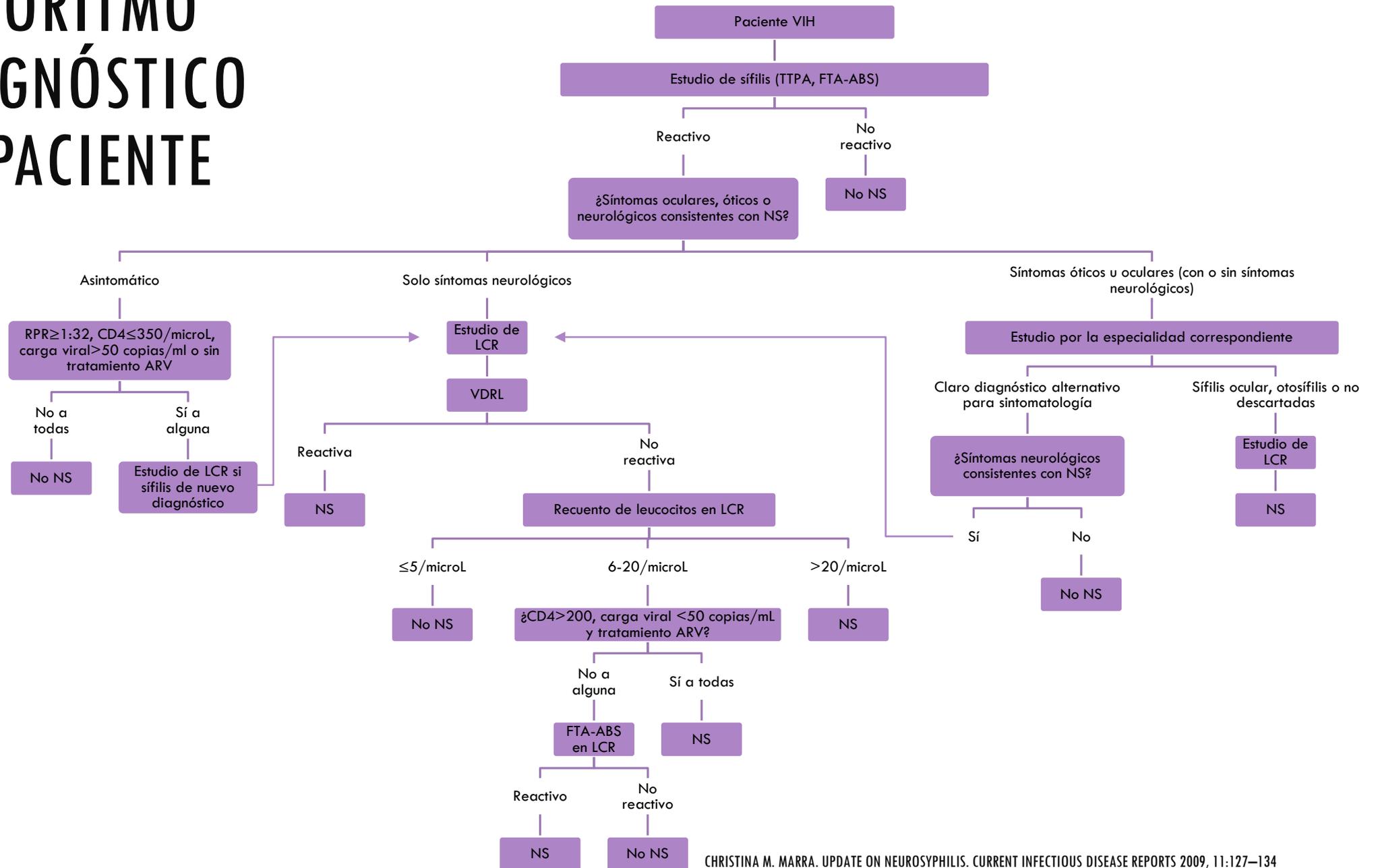
Neurosífilis tardía



ALGORITMO DIAGNÓSTICO EN PACIENTE NO VIH



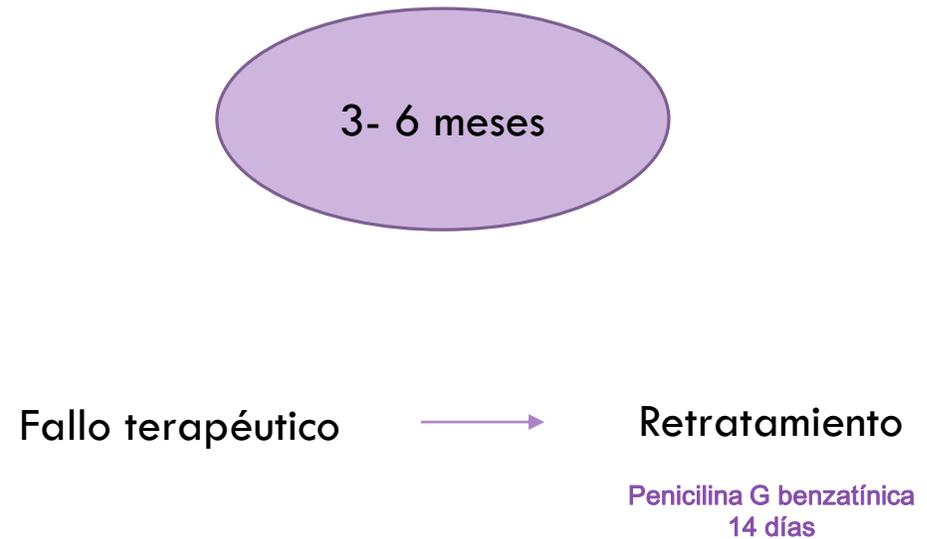
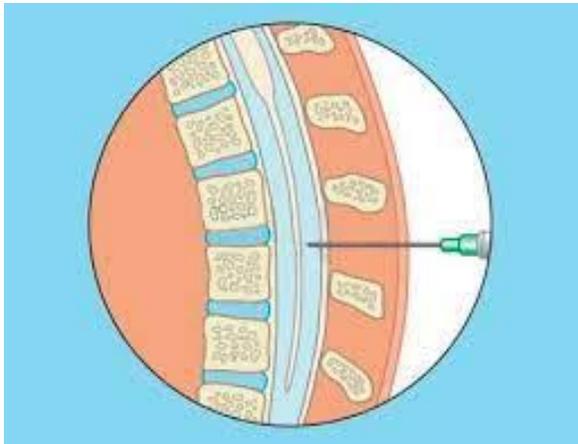
ALGORITMO DIAGNÓSTICO EN PACIENTE VIH

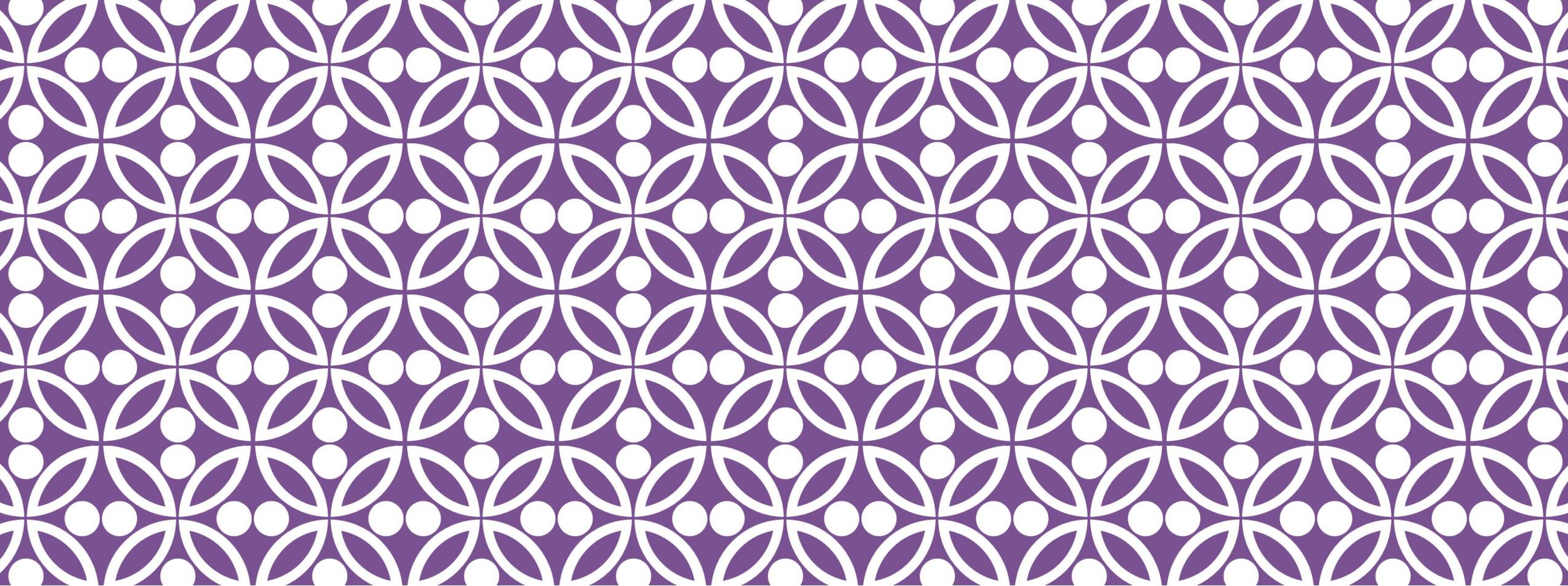


TRATAMIENTO

- **Penicilina G benzatínica:** 3 - 4 millones UI IV cada 4 horas (o 18 - 24 millones UI mediante infusión continua) por 10 – 14 días.
- **Alternativas terapéuticas:**
- Penicilina G procaína 2.4 millones UI IM al día + probenecid 500 mg VO 4 veces al día, ambos por 10 – 14 días.
- Ceftriaxona 2 g IV al día por 10 - 14 días.

MONITORIZACIÓN DE TRATAMIENTO





GRACIAS POR SU TIEMPO |