

CONGENITAL SYPHILIS

Decision to treat an infant for congenital syphilis depends on

- identification of presence of maternal syphilis
- adequacy of maternal treatment
- evidence of clinical, laboratory or radiographic syphilis in the infant
- comparison of infant's/ cord VDRL with maternal's VDRL

Table 1. Selecting infants who need treatment

Which infants to treat ?
<p>The following infants require treatment</p> <ul style="list-style-type: none"> • <i>Infants suggestive of congenital syphilis</i> <ul style="list-style-type: none"> - clinical <ul style="list-style-type: none"> non immune hydrops, IUGR, jaundice, hepatosplenomegaly, rhinitis, skin rash, pseudoparalysis of extremity - laboratory <ul style="list-style-type: none"> cord blood VDRL 4X maternal level • <i>Infants with presumed congenital syphilis</i> <ul style="list-style-type: none"> - infant with positive cord blood VDRL • <i>mothers - untreated/unknown/inadequate treatment</i> <ul style="list-style-type: none"> - treatment > 38 weeks gestation - or treatment ≤ 4 weeks before delivery - treatment with erythromycin - treated but VDRL did not decrease at least 4 fold

Table 2. Investigations

<p><i>infants with signs of congenital syphilis.</i></p> <ul style="list-style-type: none"> lumbar puncture: CSF for counts, proteins and VDRL status X-ray of long bones, CXR <p><i>check VDRL/TPHA status of mother /father/partner</i></p> <p>If father's VDRL negative, check TPHA</p> <p><i>TPHA titres (not necessary)</i></p>
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Treatment

- *infants with congenital syphilis and presumed congenital syphilis*
 - IM Procaine Penicillin 50,000 units/kg IM daily x 10 - 14 days
 - IV C. Penicillin 50,000 units/kg/dose 12hrly X 1st 7 days then 8hrly for 10 - 14 days
 - IV/IM Ceftriaxone 75mg/kg (< 30 days old) or 100mg/kg daily(> 30 days old)

Note: If >1 day of treatment is missed, the entire course should be restarted
- *mother with positive VDRL but infant's cord blood VDRL negative:*
 - IM Benzathine Penicillin 50,000 units/kg single dose
- refer the parents to the STD clinic for management.

Note:

1. *Tetracycline, doxycycline or erythromycin does not have an established and well-evaluated high rate of success as injection penicillin in the treatment of syphilis.*
2. *Penetration of tetracycline, doxycycline and erythromycin into the CSF is poor.*

Notification for infants with: - clinical features of syphilis
- VRDL titres > 4 fold that of the mother's.

Follow-up

- clinical examination and serological tests at intervals for a total period of 2 years;
- every 3 months until VDRL non reactive or decrease by 4 fold (should decline by 3 months and non reactive by 6 months)
- retreatment if:
 - clinical signs and symptoms persist or recur.
 - 4-fold rise of titre in VDRL
 - failure of VDRL titre to decrease 4 fold in 1 year for early syphilis