CONGENITAL SYPHILIS

EVALUATION & LAB VALUES



EVALUATION

ACOG Recommendations – Syphilis screening should be performed 3 times during every pregnancy (first prenatal encounter, 28 weeks gestation, and delivery) and in the event of a stillbirth. If someone presents to any healthcare setting and has not yet had syphilis screening during pregnancy, they should receive it at that visit.

- If there is a high risk of early acute disease, repeat serologic testing in 2-4 weeks.
- Non-Treponemal Tests (i.e., RPR, VDRL): Provide quantitative results in the form of a titer.
- Treponemal Tests (i.e., TP-PA, EIAs, CIAs, rapid treponemal assays): Result are reactive or nonreactive. Individuals remain reactive for life in most people regardless of treatment.

DIAGNOSIS

- A syphilis diagnosis requires both a non-treponemal test and treponemal test.
- Traditional Algorithm: Starts with a non-treponemal test followed by a confirmatory treponemal test.
- Reverse Sequence Algorithm: Starts with a treponemal test followed by a confirmatory non-treponemal test (and a second treponemal test may be performed if the first two tests are discordant)

ANTENATAL ULTRASOUND

- When syphilis is diagnosed during the second half of pregnancy, management should include a sonographic fetal evaluation for congenital syphilis.
- This evaluation should not delay treatment.
- Sonographic signs of fetal or placental syphilis include hepatomegaly, ascites, hydrops, fetal anemia, or a thickened placenta.

TREATMENT

Benzathine penicillin G is the only option for syphilis treatment during pregnancy.

- The duration of treatment will depend on the stage of infection.
- Penicillin allergy: Desensitization is recommended then treatment with benzathine penicillin G during pregnancy.

Primary, secondary, and early latent syphilis:

- Benzathine penicillin G, 2.4 million units, IM, single dose
- Late latent syphilis, latent syphilis of unknown duration, and tertiary syphilis (w/ normal CSF examination):
- Benzathine penicillin G, 7.2 million units total, administered as 3 doses of 2.4 million units, IM, at 1-week intervals.
    - Delays beyond 9 days – repeat full course.

Neurosyphilis, Ocular Syphilis, and Otosyphilis:

- Aqueous crystalline penicillin G, 18-24 million units per day, administered as 3-4 million U, IV, every 4 hours or as continuous infusion for 10-14 days, OR
- Procaine penicillin G, 2.4 million units, IM, once daily WITH probenecid, 500 mg, orally, 4 times daily, both for 10-14 days.