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**Characteristics of Patients with Ocular Syphilis in Slovenia: A 10-Year Review (2014–2024)**

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**Purpose:** Analysis of clinical characteristics and management of patients with ocular syphilis examined at the Eye Hospital, University Medical Centre Ljubljana, over the last 10 years

**Methods:** We conducted a retrospective review of medical records to identify all patients treated between January 2014 and December 2024. We collected demographic and clinical data, including age at diagnosis, clinical presentation, visual acuity, coexisting infections, disease progression, and treatment approach, and analysed them accordingly.

**Results:** We treated altogether 17 patients (28 eyes), 11 of whom had bilateral involvement. Among them, 11 (64.7 %) were male and 6 (35.3 %) were female. In 13 patients (76.5 %), ocular symptoms were the first manifestation of syphilis. The median age at diagnosis was 47 years (range: 24–67 years), and the median initial visual acuity was 0.4 (range: 0.001–1.0). The most common presentation (64.3 % of eyes) was acute syphilitic posterior placoid chorioretinitis, followed by isolated anterior uveitis (7.1 %), intermediate uveitis (7.1 %), retinal necrosis (7.1 %), vasculitis (7.1 %), and optic neuropathy (7.1 %). A blood screening test for syphilis was performed in all patients: RPR was reactive in 17/17 (100 %) and TPHA was positive in 17/17 (100 %) patients. Cerebrospinal fluid was analyzed in 14 (82.4 %) patients, revealing pleocytosis in 11/14 (78.6 %) cases, elevated protein levels in 11/14 (78.6 %) cases, and positive TPHA in 8/14 (57.1 %) cases. Four patients (23.5 %) were co-infected with HIV. One patient (5.9 %) had acute hepatitis B and another one (5.9 %) chronic hepatitis C. 16 patients (94.1 %) were treated with intravenous benzylpenicillin, while one (5.9 %) received intramuscular benzathine penicillin. Three patients received additional systemic treatment with methylprednisolone due to poor visual acuity. The average follow-up duration was 17.6 months. The median final visual acuity was 0.9 (range: 0.2–1.0).

**Conclusion:** Ocular syphilis is a vision-threatening condition that most commonly presents as a subtype of uveitis. All patients with intermediate, posterior, or panuveitis, as well as those with chronic anterior uveitis, should be tested for syphilis. Additionally, all syphilis patients should be screened for HIV and other sexually transmitted infections. Early detection and appropriate treatment can preserve vision, and the visual prognosis is favorable with proper management.

**Značilnosti bolnikov z očesnim sifilisom v Sloveniji: pregled 10-letnega obdobja, 2014-2024**

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**Namen:** Opredelitev kliničnih značilnosti in načina obravnave bolnikov z očesnim sifilisom, vodenih na Očesni kliniki Univerzitetnega kliničnega centra Ljubljana v zadnjih 10 letih.

**Metode:** Iz medicinske dokumentacije smo retrospektivno identificirali vse bolnike, obravnavane med januarjem 2014 in decembrom 2024. Zabeležili smo njihove demografske in klinične podatke, vključujuč starost ob okužbi, klinično sliko, vidno ostrino, pridružene okužbe, potek obravnave in način zdravljenja ter jih ustrezno analizirali.

**Rezultati:** Obravnavali smo 17 bolnikov (28 oči), 11 z obojestransko prizadetostjo. Med njimi je bilo 11 (64,7 %) moških in 6 (35,3 %) žensk. Pri 13 (76,5 %) so bile težave z očmi prvi simptom sifilisa. Mediana starosti ob diagnozi je bila 47 let (24-67 let), mediana začetne vidne ostrine pa 0,4 (0,001-1,0). Najpogosteje (64,3 % oči) je šlo za akutni sifilitični posteriorni plakoidni horioretinitis, redkeje za izolirani anteriorni (7,1 %) in intermediarni uveitis (7,1 %), nekrozo mrežnice (7,1 %), vaskulitis (7,1 %) ali optično nevropatijo (7,1 %). Presejalni test na sifilis v krvi je bil opravljen pri vseh obolelih: RPR je bil reaktiv pri 17/17 (100 %) in TPHA pri 17/17 (100 %) bolnikov. Pri 14 (82,4 %) je bil opravljen pregled likvorja: pri 11/14 (78,6 %) je bila prisotna pleocitoza, pri 11/14 (78,6 %) zvišane beljakovine, TPHA je bil pozitiven 8/14 (57,1 %). Štirje bolniki (23,5 %) so bili sočasno okuženi s HIV. Ena bolnica (5,9 %) je imela pridružen akutni hepatitis B, 1 bolnik pa kronični hepatitis C. 16 bolnikov (94,1 %) je bilo zdravljenih z benzilpenicilinom intravenozno, 1 (5,9 %) z benzatin penicilinom intramuskularno. 3 pacienti so prejeli dodatno sistemsko zdravljenje z metilprednizolonom zaradi slabe vidne ostrine. Bolnike smo v povprečju spremljali 17,6 mesecev. Mediana končne vidne ostrine je bila 0,9 (0,2 -1,0).

**Zaključek:** Očesni sifilis je lahko vid ogrožajoče stanje. Najpogosteje se prezentira kot podtip uveitisa. Vsakega bolnika z intermediarnim/ posteriornim/ panuveitisom ter s kroničnim anteriornim uveitisom je potrebno testirati na sifilis. Vse paciente s sifilisom je potrebno testirati na HIV in ostale spolno prenosljive okužbe. Zgodnje odkrivanje in ustrezno zdravljenje lahko ohranita vid. Prognoza vida je ob ustremnem zdravljenju dobra.

