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Syphilis ‘The Great Imitator’

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Syphilis 'The Great Imitator'
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Introduction

Signs & Symptoms

Underlying Pathophysiology

Table 2. Recommended Treatment for Syphilis, by Stage*

Table 2. Treatment plans for syphilis

Significance of Pathophysiology

References

Implications for Nursing Care

Syphilis is an important problem for healthcare providers to know about because it can cause potentially life-threatening complications if it is easily treatable. As providers most of the patients that you will encounter have been or are currently sexually active. It is so important for healthcare providers to know how syphilis works in the body so that they can alert the patient that they are at the intersection and can also happen out of the typically documented cycle. Primary syphilis presents as a single lesion usually one single sore as a chancre. According to the Mayo Clinic (2014) the chancre usually develops three weeks after exposure. Many people who have a chancre do not develop other symptoms while it’s usually painless, and it may be healed before the patient is aware of its presence. Patients who go in to the secondary stage may be more easily diagnosed since there are more noticeable symptoms including a full body rash. The rash can cover palms of hands and soles of feet and patients can also have sore throat, fever, and muscle aches. For those who develop the rash during this time can have symptoms that come and go for months even up to a year until the disease becomes latent. Once the latent stage is achieved a patient can live in that stage for many years and possibly never have any return of the disease or it can become tertiary syphilis also known as late syphilis.

When discussing signs and symptoms of syphilis you must note that there are many different stages that each present differently which each patient. It is also worth mentioning that as a provider when you look at signs and symptoms of syphilis many of the stages can co-exist and can also happen out of the typically documented cycle. Primary syphilis presents as a single lesion usually one single sore as a chancre. According to the Mayo Clinic (2014) the chancre usually develops three weeks after exposure. Many people who have a chancre do not develop other symptoms while it’s usually painless, and it may be healed before the patient is aware of its presence. Patients who go in to the secondary stage may be more easily diagnosed since there are more noticeable symptoms including a full body rash. The rash can cover palms of hands and soles of feet and patients can also have sore throat, fever, and muscle aches. For those who develop the rash during this time can have symptoms that come and go for months even up to a year until the disease becomes latent. Once the latent stage is achieved a patient can live in that stage for many years and possibly never have any return of the disease or it can become tertiary syphilis also known as late syphilis.

Most people with untreated syphilis do not develop late stage syphilis. However, there are circumstances when this does happen it is very serious and would occur 10–15 years after your infection began. (CDC) Symptoms in the late stage include muscle weakness, numbness, blindness and deafness and can damage your vital body system. The complications can cause and stage end up being very serious. In most of these syphilis these symptoms can be easily confused with many other illnesses experienced by the patient. Many physicians are knowing have been exposed or treated for syphilis.

The final type of syphilis is congenital syphilis. This occurs when the baby is exposed to the infection during the first trimester of the pregnancy (Follot, 2014). Follot and Clarke (2011) found through their research that, “more than 50 percent of infected patient are asymptomatic at birth, making it difficult to diagnose.” Congenital syphilis is diagnosed within the first two years of life the disease typically presents much like the secondary stage in acquired syphilis with many different symptoms such as bony lesions, hepatosplenomegaly, anemia and jaundice (Ketrapal, Kempf, & Mostow, 2011). The late stage of congenital syphilis is diagnosed at age two and includes symptoms of deafness, dental abnormalities, and money abnormalities such as a saddle nose (Ketrapal, Kempf, & Mostow, 2011).

Syphilis is caused by the spirochete bacteria T. pallidum and the pathophysiology is due to the fact that the body’s immune system can cause the bacteria to lay dormant for years. According to Euerle et al. (2014) T. pallidum rapidly penetrates intact mucosal surfaces from non-mucosal surfaces. The disease is able to mask itself from many different non-chromosomal diseases such as chronic headaches and can look like a constant dermatitis. Patients can often present with allergic reactions type symptoms to antibiotics which have already moved to the secondary stage. Syphilis that goes undiagnosed at this time point could cause irreversible damage down the road if the patient converts to tertiary syphilis.

The CDC said it best in 2014 “Syphilis has been called ‘the great imitator’ because it has so many possible symptoms, many of which look like symptoms from other diseases.” It is important for healthcare providers to know how syphilis works in the body so that they can alert the patient that they are at the intersection and can also happen out of the typically documented cycle. Primary syphilis presents as a single lesion usually one single sore as a chancre. According to the Mayo Clinic (2014) the chancre usually develops three weeks after exposure. Many people who have a chancre do not develop other symptoms while it’s usually painless, and it may be healed before the patient is aware of its presence. Patients who go in to the secondary stage may be more easily diagnosed since there are more noticeable symptoms including a full body rash. The rash can cover palms of hands and soles of feet and patients can also have sore throat, fever, and muscle aches. For those who develop the rash during this time can have symptoms that come and go for months even up to a year until the disease becomes latent. Once the latent stage is achieved a patient can live in that stage for many years and possibly never have any return of the disease or it can become tertiary syphilis also known as late syphilis.

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