Syphilis ‘The Great Imitator’

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Syphilis is a venereal transmitted disease, which is seen in many different patient populations, as is the case in the United States. According to Chan et al. (2015), “In 2012, the Rhode Island Department of Health (RIDOH) reported 60 cases of infectious syphilis, a 209% increase from 2006. This trend is being observed across the country.” This along with congenital syphilis, possibly never have any return of the stage for many, many years and those not diagnosed during this time can be addressed in the last stage for many, many years and those not diagnosed during this time can be addressed in the last stage of syphilis. According to Euerle et al. (2011), “Syphilis is easily treatable and patients should be aware of the possible outcomes of stages of syphilis these symptoms can be easily confused with many other illnesses especially if the patient has never knowingly been exposed to or treated for syphilis.”

When discussing signs and symptoms of syphilis you must note that there are many different stages which present differently which each present. It is also worth mentioning that as a provider when you look at signs and symptoms of syphilis many of the stages can be confused and can also happen out of the typically documented order. Primary syphilis presents with a single sore ulcer usually on the same site as a chancre. According to the Mayo Clinic (2014) “The chancre usually develops three weeks after skin exposure. Many people who have a chancre do not realize they have been exposed to the bacteria because it is usually painless, and it may be hidden in clothing. Patients who go 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 these sore ulcers on the mouth and genitals (mayo clinic). Other symptoms that are sometimes seen include many of those like lymphadenopathy, fever and meningitis, anemia, jaundice and peripheral neuropathy (Kempf et al., 2008). The late stage of congenital syphilis is diagnosed after the first two years of life and typically presents much like the secondary stage in acquired syphilis with many different symptoms such as bony lesions, hepatosplenomegaly, anemia and jaundice (Kempf et al., 2008).”

There are three forms of late-stage syphilis, gummatous syphilis, cardiovascular syphilis and neurosyphilis. Gummatous syphilis begins as painless ulcers, are then noted due to infiltration of sites with CD4+ and CD8+ T lymphocytes, macrophages and a few plasma cells (Lukehart). The body’s cell-mediated and humoral immune response take over to control the lesions but are unable to clear the body of all bacteria which is what allows the secondary stage to occur. Neurosyphilis is the meningitis part of these stages of syphilis this 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 these sore ulcers on the mouth and genitals (mayo clinic). Other symptoms that are sometimes seen include many of those like lymphadenopathy, fever and meningitis, anemia, jaundice and peripheral neuropathy (Kempf et al., 2008).”

Syphilis is caused by the spirochete bacteria T pallidum and the pathophysiology is complex due to the fact that the body’s immune system can cause the bacteria to lay dormant for years. According to Euerle et al. (2011), “T pallidum rapidly penetrates intact mucous membranes or microscopic dermal abrasions and, within a few hours, enters the lymphatics and blood to produce systemic infection.” These bacteria then migrate to near by endothelial cells and multiply causing an immune response. Changes, painless ulcers, are then noted due to infiltration of sites with CD4+ and CD8+ T lymphocytes, macrophages and a few plasma cells (Lukehart).”

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Syphilis can be 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 be alert to the fact that a patient presenting with seemingly unrelated symptoms may have a serious, previously undiagnosed sexual transmitted infection. This along with congenital syphilis patients can often present with allergic reactions and the type of treatment they were previously treated with may have already moved to the secondary phase. Syphilis that goes undiagnosed at this point in time could cause irreversible damage down the road if the patient continues to tertiary syphilis.

Syphilis is an important for physicians to know about because though it can cause potentially life threatening complications 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 providers to speak with their patients about high risk sexual behaviors, practices of safe and the importance of ongoing STI testing as it is a monogamous relationship. Healthcare providers have ample opportunity to have honest and open conversations about sexual health. Syphilis is easily treatable and patients need to be educated on the fact that if diagnosed early the only long term effects of the STD. Education needs to be a key focus of our nursing programs to ensure all patients in regards to all aspects of their personal health and safety.

References
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