

# Acute Syphilitic Posterior Placoid Chorioretinitis

## Coriorretinite Placoide Posterior Sifilítica Aguda

 Diogo Maleita <sup>1</sup>, Arnaldo Dias-Santos <sup>1</sup>, Rita Anjos <sup>1</sup>

<sup>1</sup> Ophthalmology Department, Centro Hospitalar Universitário Lisboa Central, Lisbon, Portugal

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**PALAVRAS-CHAVE:** Coriorretinite; Infecções Oculares Bacterianas; Sífilis.

A 61-year-old male presented to the emergency department with a 2-month history of progressive, painless visual loss in the left eye with sudden bilateral exacerbation in the previous 48 hours. Best-corrected visual acuity (BCVA) was counting fingers in the right eye and left eye. Pupils, ocular motility, and intraocular pressure were normal. Anterior segment biomicroscopy revealed few fine keratic precipitates, cells 1+ without significant flare in both eyes. No changes in the iris or synechiae were observed. Posterior segment examination revealed mild mottling pigmentation in the macula, a foveal microhemorrhage in the left eye, and mild bilateral optic disc edema. Cranioencephalic and orbital computerized tomography were unremarkable. Optical coherence tomography revealed hyperreflective dot lesions in the outer plexiform and nuclear layer, disorganization of the ellipsoid zone and thickened and granular hyperreflective RPE (A1). Fluorescein angiography revealed segmental perivascular leakage in the macular branches, while indocyanine green angiography uncovered a late placoid hypofluorescent macular lesion (B). Laboratory testing revealed positive VDRL and TPHA, and negative human immunodeficiency virus.

Acute syphilitic posterior placoid chorioretinitis is a rare specific phenotype of syphilis infection and should be treated with prompt systemic penicillin.<sup>1-4</sup> In this case, this therapy quickly improved the BCVA and normalized the outer retinal structure within a short period of time (A2). After 2 weeks and 2 months of follow-up, the bilateral BCVA improved to 20/50 and 20/25, respectively.

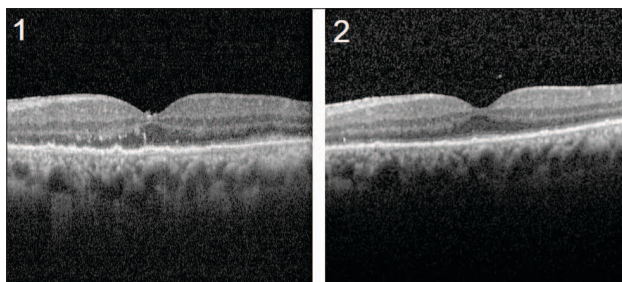


Figure A. Left eye: Optical coherence tomography before (A1) and 2 weeks after (A2) the start of the treatment.

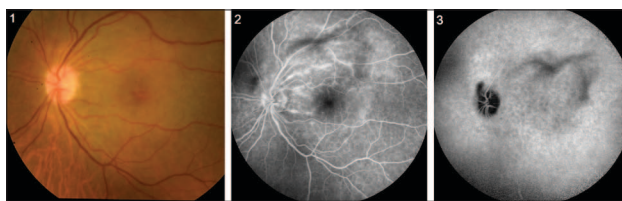


Figure B. Color fundus photograph, fluorescein angiography and indocyanine green angiography.

### CONTRIBUTORSHIP STATEMENT / DECLARAÇÃO DE CONTRIBUIÇÃO:

DM: drafted the manuscript.

ADS and RA: substantially revised the manuscript.

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## REFERENCES

1. Neri P, Pichi F. Acute syphilitic posterior placoid chorioretinitis: when the great mimicker cannot pretend any more; new insight of an old acquaintance. *J Ophthalmic Inflamm Infect.* 2022;12:9. doi: 10.1186/s12348-022-00286-2.
2. Davis JL. Ocular syphilis. *Curr Opin Ophthalmol.* 2014;25:513–8. doi: 10.1097/ICU.000000000000099.
3. Pichi F, Neri P. Multimodal imaging patterns of posterior syphilitic uveitis: a review of the literature, laboratory evaluation and treatment. *Int Ophthalmol.* 2020;40:1319-29. doi: 10.1007/s10792-020-01285-9.
4. Eandi CM, Neri P, Adelman RA, Yannuzzi LA, Cunningham ET. Acute syphilitic posterior placoid chorioretinitis: Report of a case series and comprehensive review of the literature. *Retina.* 2012;32:1915–41. doi: 10.1097/IAE.0b013e31825f3851.



**Corresponding Author/  
Autor Correspondente:**

**Diogo Maleita**

Serviço de Oftalmologia, Alameda de Santo António dos Capuchos, 1169-050 Lisboa, Portugal  
dmaleita@hotmail.com



ORCID: 0000-0002-1824-5714