



Medical Imagery

All eyes on him: Argyll Robertson pupil in late syphilis



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A 57-year-old bisexual man with a history of walking disability for 5 years diagnosed as hysteria, presented paraparesis with extreme neuropathic pain and complicated by pressure sores (Figure 1). Neurological examination showed an absence of tendon reflexes on the lower limbs with a proprioceptive ataxia, hyperesthesia and allodynia. An in-depth examination revealed a pupil motility disorder of the left eye, namely the Argyll Robertson pupil sign (Supplementary Video S1) evocative of a neurosyphilis.

Thoraco-abdominal tomography associated with a cerebral and medullar MRI were non-contributive. He was tested negative for HIV with normal vitamins levels. Parameters of cerebrospinal fluid (CSF) analyses were normal. Complementary tests showed a positive VDRL = 1/128 supporting its importance on CSF samples [Marra, 2015]. Moreover *T. pallidum* PCR was negative while it is deemed to have a better sensitivity than VDRL [Harding and Ghanem, 2012; Vanhaecke et al., 2016]. No granuloma or other sign of bone syphilitic infection was described in pathological examination after pressure sore surgery.

Nowadays, late neurosyphilis remains a rare entity responsible of variable neurological and psychiatric syndromes [Drago et al., 2016; Conde-Sendín et al., 2004]. Past sexual behavior of a man having sex with men, as our case, might be one major point to guide the diagnosis. Patient received 24 millions of units of intravenous benzathyl-penicillin during 14 days and progressively recovered after a 6-month follow-up.

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Availability of data and materials

All material and data described in the manuscript are available upon request to the corresponding author of the present article.

Authors' contributions

BD and BL designed the report. LD and MM managed the pictures part of the work. AD, CP, BD were in charge of the 2nd draft.

All the authors participated in manuscript preparation and approved the final manuscript for publications.

Competing interests

The authors declare that they have no competing interests.

Consent for publication

Written informed consent was obtained from the patient for publication of this case report.

A copy of the written consent is available for review by the Editor of this journal.



Figure 1. Grade IV pressure sores on the right hip, revealing femoral epiphysis (A) and causing contiguous osteoarthritis.

Ethics approval and consent to participate

Not applicable.

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Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at doi:<https://doi.org/10.1016/j.ijid.2019.03.023>.

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