Management dilemmas in syphilis: a survey of infectious disease experts

**OBJECTIVES**

To determine how infectious disease experts manage syphilis when guidance cannot be followed using available tests or when clear guidance can’t be provided given limited evidence.

**METHODS**

Web-based surveys Invited 1007 Infectious Diseases Society of America Emerging Infections Network (EIN) members

**RESPONDENTS**

465 (46%) responded 75 respondents did not manage syphilis and were excluded

**TREATMENT OF SECONDARY SYphilis**

*For an HIV-infected patient with secondary syphilis, how do you treat?*

- Benzathine penicillin once (vs. 3 times), by # of syphilis patients last year

**ASSESSMENT FOR NEUROSYPHILIS**

Would you recommend lumbar puncture (LP) for an HIV-infected patient with secondary syphilis, RPR 1:32, and no neurologic or ophthalmologic symptoms or signs?

**DECISION TO TREAT**

In deciding whether to treat for primary syphilis, do you

- send RPR, treat? 56%
- send RPR, repeat if negative before treating? 18%
- send RPR, treat only if positive? 17%
- treat, no RPR? 7%
- Other? 7%

Some consultants rely on non-treponemal syphilis tests to decide whether to treat

Because serologic tests may be falsely negative in 20-30% of primary syphilis, this approach may leave some 1° syphilis untreated and allow ongoing transmission

**LIMITATIONS**

- Infectious diseases consultants do not represent all clinicians managing syphilis
- Limited response rate; respondents may have had a greater interest in syphilis and may have been more aware of existing guidelines than non-respondents
- We conducted a survey and not an audit of actual practice
- We limited the number of questions in order to increase survey acceptability

**CONCLUSIONS**

- Sensitive diagnostic tests for primary syphilis are not available and are needed
- Clinicians with less experience managing syphilis may choose to err on the side of overtreatment
- More data are needed to determine whether early detection and treatment of asymptomatic cerebrospinal fluid abnormalities improves long-term outcomes in HIV-infected patients with syphilis

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