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Letter to the Editor

Neurosyphilis Should Not be Diagnosed Without Confirmation by Appropriate Tests or an Autopsy

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Letter to the Editor

The article by Milosevic *et al.* is noteworthy, yet several points warrant discussion.

A first point is that neurosyphilis was diagnosed without evidence of the infection ^[1]. The only indication of neurosyphilis was the diagnosis made six months earlier. Neurosyphilis is typically diagnosed based on medical history, clinical neurological examination, blood tests (RPR, VDRL, TPHA, FTA-ABS), cerebrospinal fluid (CSF) analysis (VDRL), and brain imaging ^[2]. However, none of these results were reported. A diagnosis of neurosyphilis should not be made unless confirmed by appropriate tests. On the basis of which tests was the neurosyphilis diagnosed six months earlier?

A second point is that CNS infections other than neurosyphilis were not adequately ruled out ^[1]. Given that CSF and neuropathological findings pointed to meningitis/encephalitis, screening for viral, bacterial, fungal, protozoal, and parasitic CNS infections would have been crucial. Since the patient was presumably immunosuppressed due to syphilis, hepatitis C, and substance abuse, it is conceivable that he had other CNS infections. Was HIV infection ruled out?

The third point is that the patient was found unconscious in his cell, yet there was no report indicating whether he was somnolent, stuporous, or comatose. Knowing the level of consciousness is crucial, as somnolent patients can be roused and potentially provide information about the incident, whereas stuporous and comatose patients cannot contribute to the medical history. Equally important is information regarding whether the patient had a cellmate who might have witnessed the incident. Was there any report of tongue biting or urinary incontinence?

The fourth point concerns the lack of details regarding the diagnostic procedures performed at the general hospital ^[1]. Were cerebral imaging (CCT) or MRI, EEG recording, and CSF analysis carried out? Why was the patient administered anticonvulsants as early as the first day of hospitalization? Furthermore, it should be noted whether the CCT scan performed on the second day of hospitalization was done with or without contrast medium.

The fifth point is that it is surprising that, although CSF analyses were performed, no CSF sample remained available. Typically, CSF is stored under refrigeration for some time to allow for further analysis. It is also surprising that the CSF was not immediately tested for neurosyphilis, given that a diagnosis of neurosyphilis had previously been made at the same hospital ^[1]. What treatment had he received for neurosyphilis six months earlier?

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