Early syphilitic hepatitis
A possible case

R. A. LE CLAIR

Health Laboratory Services, School of Public Health, University of California Medical Center, Los Angeles, California, USA

In his comprehensive report on the incidence of syphilitic hepatitis, Hahn (1943) expressed the opinion that it was a rare condition; he was able to find only five authentic cases among 10,000 patients with a diagnosis of early syphilis.

More recently, Rajam and Rangiah (1954) in India, and Zellmann and Norcross (1967) in the USA, have suggested that early syphilitic hepatitis may still be encountered in clinical practice.

The present report is presented to illustrate a case of possible early syphilitic hepatitis—observed at a reference laboratory.

Case report
A 32-year-old white man was referred to the Health Laboratory Services for a Treponema pallidum immobilization test (TPI), because of the occurrence of a reactive qualitative VDRL test. The clinical diagnosis, at the time of referral, was acute infectious hepatitis with jaundice.

Laboratory findings during the 3 days before referral were:
- Qualitative VDRL test, reactive;
- Serum glutamic pyruvic transaminase, 3,000 units;
- Total bilirubin, 10 mg. per cent.;
- Alkaline phosphatase, 24 Bodansky units;
- Icterus index, 35;
- Lactic dehydrogenase, 2,500 units;
- Cephalin flocculation, 4 plus;
- Thymol turbidity, 11 units.

When tested at the Health Laboratory Services, the patient's serum was reactive in the VDRL test at a titre of 1:16, and the TPI test was reactive. The immunodiffusion test for Australian antigen was nonreactive.

Treatment
The patient was treated with procaine penicillin, 1 million units daily, for 14 days.

Results
The laboratory findings immediately after completion of therapy were:
- Quantitative VDRL test, reactive at a titre of 1:8;
- Serum glutamic pyruvic transaminase, 150 units;
- Total bilirubin, 1-7 mg. per cent.;
- Alkaline phosphatase, 3-6 Bodansky units;
- Cephalin flocculation, 1 plus;
- Thymol turbidity, 9-6 units.

The laboratory findings 3 months later were:
- Quantitative VDRL test, reactive at a titre of 1:2 and weakly reactive at a titre of 1:4;
- Serum glutamic pyruvic transaminase, 136 units;
- Alkaline phosphatase, 2-2 Bodansky units;
- Total bilirubin, 0-89 mg. per cent.;
- Thymol turbidity, 10-1 units.

The qualitative TPI test was still reactive, and immunodiffusion test for Australian antigen was nonreactive.

Discussion
In view of the results obtained with the nontreponemal and treponemal serological tests for syphilis, and the concurrent abnormal liver function tests, it seems reasonable to assume that this patient had early syphilitic hepatitis.

Since liver biopsy was not undertaken, a pathological diagnosis is not possible; but, because of the rapid response to penicillin therapy, from the standpoints both of liver function and of the nontreponemal serological tests, such a diagnosis seems reasonable.

Summary
The case is described of a 32-year-old white man who had jaundice, abnormal results to liver function tests, and reactive nontreponemal and treponemal serological tests for syphilis, probably attributable to early syphilitic hepatitis.

References
Hahn, R. D. (1943) Amer. J. Syph., 27, 529

Hépatite syphilitique précoce: un cas possible

On rapporte le cas d'un homme blanc de 32 ans présentant une jaunisse, des résultats anormaux des épreuves d'exploration hépatique et une positivité des tests sérologiques aussi bien non treponémiques que treponémiques; ce cas est probablement attributable à une syphilis hépatique précoce.
Early syphilitic hepatitis. A possible case.

R A Le Clair

Br J Vener Dis 1971 47: 212
doi: 10.1136/sti.47.3.212

Updated information and services can be found at:
http://sti.bmj.com/content/47/3/212.citation

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/