level of CSF, accompanying symptoms, clinical management and prognosis.

Results All patients were HIV negative. The total incidence of JHR in CNS was 7.14% (41/574, 95% CI: 5.23–9.65%), being the most frequent among patients with general paresis. The mean timing of JHR after the initial dose of benzylpenicillin was to start at 6 hours (range: 0.5–13), peak at 8 hours (range: 0.5–20), and subside by 17 hours (range: 10–30). Besides fever and chills, the main symptoms were hallucination, paranoia, aggressive behavior, mental depression, cognitive impairment, confusion, urinary incontinence, stupor, convulsion and seizures in descending order. The JHR was significantly related to higher CSF-VDRL titer, pleocytosis, no usage of antibiotics in the last 6 months (p<0.05). The therapy was stopped with a resolution of seizures in two patients. However, benzylpenicillin was reinstalled uneventfully 3 days later.

Conclusion Higher CSF-VDRL titer, pleocytosis and no recent usage of antibiotics were associated with an increased risk for JHR in CNS. Therapy of neurosyphilis can be continued with intensive surveillance.

Disclosure No significant relationships.