Title: "Unilateral papilledema: a case of neurosyphilis."

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Objective: To describe an unusual manifestation of neurosyphilis.

Background: The incidence of syphilis, the "great imitator," has steadily increased since the beginning of the millennium, warranting a higher level of suspicion for patients with characteristic neurologic symptoms and signs suggestive of neurosyphilis.

Design: Case report

Results: A 51 year-old man presented with a two month history of recurrent, painless right monocular transient visual obscurations and generalized headaches. Three months earlier he had low-grade fevers, fatigue, and a non-pruritic rash of his trunk and arms. Brain MRI was unremarkable, but orbital MRI showed mild right intraorbit optic nerve enlargement, without enhancement. A lumbar puncture revealed normal opening pressure, with CSF lymphocytosis, elevated protein, and normal glucose. He was referred to our clinic several weeks later, where his neurologic exam was significant for right optic disc edema, normal visual acuity and visual fields, and a subtle right upper extremity pronator drift. Laboratory data were significant for a positive serum RPR and TPPA of 1:128. HIV testing was negative. Repeat lumbar puncture again revealed normal opening pressure, with CSF lymphocytosis, elevated protein, and normal glucose. CSF VDRL was positive. He was treated with intravenous penicillin G 24 million units continuously for 14 days with resolution of headaches and transient visual obscurations, and improvement in right-sided optic disc edema.

Conclusion: Neurosyphilis should be considered in the differential diagnosis of unilateral papilledema.