How far can syphilis go?

Até onde a sífilis pode ir?

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Since 1973, I have been working in hospitals and public health posts.

I started a course in surgical instrumentation at the Antonio Pedro University Hospital (HUAP) of the Fluminense Federal University (UFF), Niterói (RJ).

Then I went to Medical School of Teresópolis in 1976.

I continued instrumenting in surgeries and, also, doing shifts (many) as a medical student.

I have participated in countless care for people with sexually transmitted diseases (STD), including many cases of syphilis. Since the shifts in the emergency of HUAP in Niterói in the 1970s until today, I have always had a deep interest in infectious diseases. Believe me, I even worked on shifts taking my own microscope to perform bacterioscopy using the GRAM technique of secretions in hospitalized patients.

In 1981, I volunteered at the Auxiliadora Ambulatory (Rua Mariz e Barros) of the Nossa Senhora Auxiliadora Parish, Colégio Salesiano Santa Rosa, Niterói (RJ), where I studied for over a decade. There, I started to build my medical records.

Then I convinced the mayors of Niterói and São Gonçalo, state of Rio de Janeiro, to create a specific STD outpatient clinic. It took more than 6 years to attend to suspected cases or STDs already installed daily.

Then I went to study specialization and master's at the Institute of Gynecology at the Federal University of Rio de Janeiro (UFRJ). In this, under the leadership of Professor Paulo Vieira da Costa Lopes and in partnership with Gutemberg Leão de Almeida Junior, a graduate colleague, we created the Vulvar and STD Pathology Outpatient Clinic, whose first patient had syphilis lesions on the vulva.

In 1986, I joined a public contest as assistant professor of bacteriology at the Department of Microbiology and Parasitology at the Biomedical Institute of UFF.

It did not take long, and in 1988, we created the STD Sector at UFF, which today has more than 15,000 medical records.

All this to say that, with less chance of making a mistake, I have already participated in the care of more than 10,000 people with syphilis. Remember, congenital syphilis involves both mother and sexual partner(s).

If it were not enough to attend patients for more than 40 years, in 1989, we created the *Jornal Brasileiro de STD*, an open scientific journal. As editor-in-chief and reviewer for other scientific journals, we have reviewed and read hundreds (thousands?) of scientific articles on the topic of syphilis.

I saw many cases of syphilis. Each different from the other. Nothing repeated.

Where do I want to go?

On August 9, 2022, I received a message via WhatsApp from a fellow hematologist, wife of a doctor who was also a former student of ours at the Faculty of Medicine at UFF.

The subject was this: a young patient of hers with very aggressive lymphoma, refractory to chemotherapy and autologous transplant, and that an allogeneic transplant was the last option.

A fully compatible donor, a sister of the patient, was identified.

When they collected the pretransplantation exams from the donor, VDRL (Venereal Disease Research Laboratory) reagent 1:256 was identified.

That is when I got triggered.

I immediately started therapy with benzathine penicillin, repeated non-treponemal serology for syphilis, requested treponemal serology, requested real-time PCR (PCR-RT) for *Treponema pallidum* in blood, and attended sexual partner for medical consultation with me.

The sexual partner serology was positive, also with a high titer. The treponemal reaction was also reactive.

The donor's *T. pallidum* PCR-RT test was undetectable.

I opted for the donor's material to be collected and transplanted. We reached an agreement with our hematologist colleague that, as the recipient person would undergo immunotherapy, crystalline penicillin would be administered to the donor, in order to guarantee that, even if any *T. pallidum* entered the donor, it would be immediately fought. This is when performing the transplant.

However, on September 2, I received another message from a hematologist colleague: "the patient had septic shock with intestinal perforation and died. A tragedy. He didn't even get his sister's cells…"

It is said, the sister did not know that she was infected with the etiological agent of syphilis. And, she did not recall any signs and symptoms of syphilis, the great imitator. So is your sexual partner.

What else to expect that syphilis will harm the human being?

How to "account for" the death of a young man who did not receive a bone marrow transplant with cells from his sister in a timely manner because she had syphilis?

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