

The responsibility and importance of clinical registration: a case of congenital syphilis in Early Holocene as an example

A responsabilidade e a importância do registro clínico: um caso de sífilis congênita do Holoceno Inicial como exemplo

Rodrigo Elias Oliveira¹ 

Years ago, in 2016 precisely, I was invited to be part of a working group to evaluate the oral health conditions of archaeological skeletons of the Early Holocene excavated by team from the Laboratory for Human Evolutionary Studies (LEEH - *Laboratório de Estudos Evolutivos Humanos*) in Lapa do Santo, an archaeological site located in the region of Lagoa Santa, Minas Gerais, Brazil. The collection had, at that time, 19 individuals, including adults and subadults. The prevalence of caries that we found in the Lapa do Santo sample was 50% higher than that commonly found in other hunter-gatherer groups⁽¹⁾. But a single 4-year-old individual presented a very discrepant decay index even for Lapa do Santo standards, besides presenting morphological alterations of his deciduous and permanent teeth. At that time we began our investigation of the oldest case of congenital syphilis (and venereal disease, consequently) to date, and we finished this process with an article “*An Early Holocene Case of Congenital Syphilis in South America.*”⁽²⁾

My dentistry formation enabled me to quickly identify many dental alterations. However, this skill was a mixture of knowledge in basic disciplines of the health careers (medicine, dentistry, etc.), like dental anatomy, morphology, physiology, semiology and clinical pathology, associated with Bioanthropology, allowing us to present our archaeological case of treponematosis with the seriousness and responsibility required by that discovery.

But we have questions: why would a syphilis case from 10,000 years ago be interesting to readers of articles about sexually transmitted diseases in the 21st century? Why could a letter written by an archaeologist “discussing” the past have taken a disputed space in this journal while Japan recorded more than 10,000 cases in 2022 (according to a preliminary report by the National Institute of Infectious Diseases, Tokyo, Japan)⁽³⁾, and Brazil registered an increase of 53% between 2010 and 2020 of syphilis diagnoses⁽⁴⁾? And finally, why would a case of a little child with syphilitic signs on his bones be given attention while the same geographic area where it was found, in the region of Belo Horizonte (MG), tested just 27.3% of pregnant women for syphilis and HIV during 2021, whereas the goal of the public health program was to test 60%⁽⁵⁾?

There is only one explanation, and it is quite simple: a large number of case reports on papers by many research groups around the

world allowed us to do diagnosis of a bacterial disease recorded in the bones and teeth of that child, reaffirming the presence of treponematosis in America millennia before contact.

Nowadays, specific serological tests conclude the diagnostic process and allow us to start the treatment of syphilis immediately nowadays. However, bone and dental lesions present in cases of congenital syphilis and also tertiary syphilis are often neglected or poorly described in hospital records, whose access is extremely restricted to academic researchers.

It is a fact that dental lesions present in cases of congenital syphilis, especially the alterations present in permanent teeth, will accompany the individual even after death. Nevertheless, bone lesions may be reversed or attenuated with proper treatment of the disease. But this is the reason why the careful recording and methodical description of these cases becomes fundamental for the academic scientific community. A thoroughly completed medical record, high-quality clinical photographs, and complementary imaging tests, such as radiographs and tomographies, form a robust database for the description and publication of a case report in journals like this, the *Brazilian Journal of Sexually Transmitted Diseases*, which was the depository of my letter.

Finally, I would like to thank many colleagues who, for almost a century, have shared with us their knowledge, their clinical findings and even their doubts through their scientific articles. If apparently our article was based on “few” 40 references, these main sources of information were accompanied by more than 170 articles not cited in the work due to “editorial contingencies.” It is important to highlight that, of more than two hundred studies accessed, 70% were clinical articles and/or non-archaeological studies. These papers showed many bone and dental lesions by photographs, X-rays, and tomographic images of unquestionable and serologically tested treponematosis cases.

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¹Universidade de São Paulo, Institute of Biosciences, Laboratory of Archaeology, Human Ecology, and Evolutionary Anthropology – São Paulo (SP), Brazil. E-mail: rodrigo.oliveira@ib.usp.br

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Address for correspondence

RODRIGO ELIAS OLIVEIRA

Rua do Matão, 277, sala 244 – Cidade Universitária

São Paulo (SP), Brasil.

CEP: 05508-090

E-mail: rodrigo.oliveira@ib.usp.br

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