

## Dysphagia as a Presentation of Neurosyphilis: The Great Imitator

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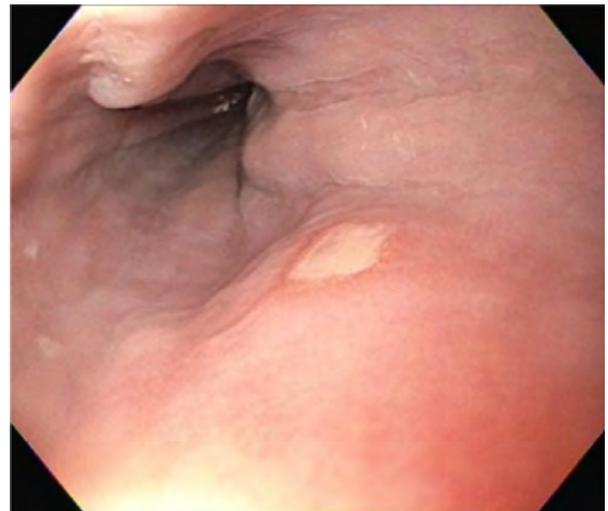
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### 1. Introduction

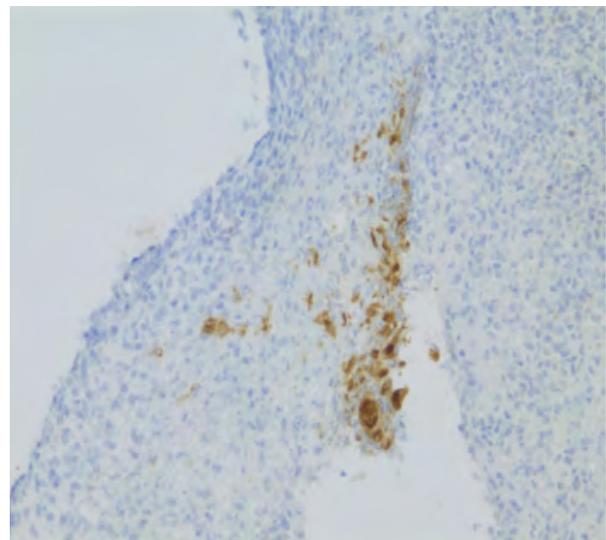
Infectious esophagitis, including candida and HSV, often presents in the backdrop of systemic illness and an immunocompromised state, with dysphagia as a prominent symptom. Here, we describe a case of infectious esophagitis in the setting of neurosyphilis.

### 2. Case

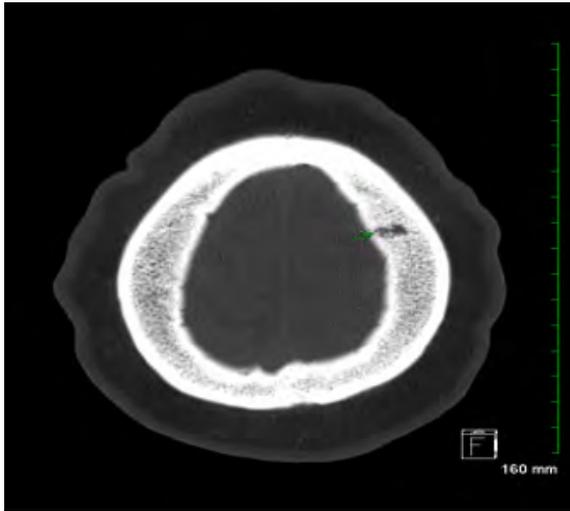
A 45-year-old female presented to our emergency department with severe, acute onset headaches. Her workup revealed lytic lesions in the calvarium and diffuse FDG avid lymphadenopathy (Figure 1). Subsequent workup including biopsies of right inguinal, mediastinal and right axillary lymph nodes, and bone marrow, failed to demonstrate any etiology. A few months later she presented to the ED again for worsening solid food dysphagia and headaches. Repeat PET scan showed a new FDG avid GE-Junction mass with persistent lymphadenopathy. A diagnostic EGD was performed, revealing distal esophageal (Figure 2) and gastric ulcers. Biopsies came back positive for HSV (Figure 3) and candida; and treatment with acyclovir and fluconazole was initiated. Comprehensive infectious workup was negative except for positive serum and CSF non-treponemal serology. Further testing of the previous right axillary LN specimen with IHC staining revealed *Treponema pallidum* and a diagnosis of neurosyphilis was confirmed and treatment with 14 days of IV PCN was commenced.



**Figure 1:** A 45-year-old female presented to our emergency department with severe, acute onset headaches



**Figure 2:** A diagnostic EGD was performed, revealing distal esophageal and gastric ulcers



**Figure 3:** Biopsies came back positive for HSV and candida; and treatment with acyclovir and fluconazole was initiated

### 3. Discussion

Infectious esophagitis, including HSV, and candida, is generally rare in healthy individuals. In most such cases, an underlying immunocompromised state is likely to be present. Diabetes, AIDS and malignancy are some well-known systemic causes. Occasionally, dysmotility and structural issues, which delay esophageal emptying, also compromise local defense mechanisms, facilitating infections. Owing to its neuroinvasive abilities, syphilis, the “great imitator”, has fascinated neurologists throughout pre-antibiotic era. Although rare in developed countries, neurosyphilis can still present in unusual ways. While some manifestations such as pupillary, ocular, locomotor, lingual and neuropsychiatric abnormalities are well known; the involvement of cortical and basal ganglia can, in theory, affect the GI tract motility predisposing to infectious esophagitis. The data is limited in this regard and our case serves to highlight the importance of extensive screening for underlying conditions in patients presenting with infectious esophagitis.