

Syphilis Progression and Complications in Adults

Exposure to pathogen

Primary incubation-21 Days (range 3-90 days)

Primary Syphilis (Infectious)

Chancre
Regional lymphadenopathy

Secondary incubation 4-10 weeks

Secondary Syphilis (Infectious)

Rash Alopecia
Gumma lesions Malaise
Condylomata lata Lymphadenopathy

Typical progression of disease if left untreated

Neurosyphilis
Invasion of *T. pallidum* into the central nervous system
Can occur at any stage

Early Neurosyphilis

Roughly 5% of early syphilis cases, risk increases with HIV infection, may be asymptomatic
May present with severe headache, confusion, nausea, vomiting, stiff neck, deafness, or optic neuritis.

Categories:

- Syphilitic meningitis
- Ocular syphilis
- Ootosyphilis



All cases of syphilis with neurological manifestations must be staged.

Rarely fatal in modern times, but can be damaging.

Late Neurosyphilis

~4-7 Years
Meningovascular syphilis

~10-20 Years
General Paresis
Progressive dementia

~15-25 Years (Average of 20 years)
Tabes Dorsalis

<1 year duration after infection

Early Latent Syphilis - Early Non-Primary, Non-Secondary (Infectious)
Asymptomatic

Infections >1 year of duration

Late Latent Syphilis, or Syphilis of Unknown Duration (Infectious Vertically)
Asymptomatic

Tertiary Syphilis (Non-Infectious)

15 years after infection
Gummatous Syphilis (skin, bone, liver, nasal septum/hard palate perforation)

10-30 years after infection
Cardiovascular Syphilis (Aortitis)
90% asymptomatic
10% have angina
Also noted - aortic regurgitation, coronary artery stenosis, aneurysm

References:

Control of Communicable Diseases Manual (CCDM), 20th Edition, Centers for Disease Control and Prevention (CDC), 2015.

Marra, Christina M. *Neurosyphilis Up to Date*, August 29, 2017.

Chart adapted from: Kent, Molly E. *Reexamining Syphilis: An Update on Epidemiology, Clinical Manifestations, and Management* Annals of Pharmacotherapy, 2008.



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