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ОСОБЕННОСТИ ТЕЧЕНИЯ ВТОРИЧНОГО СИФИЛИСА ПРИ ВИЧ-ИНФЕКЦИИ У БЕРЕМЕННЫХ

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THE COURSE OF SECONDARY SYPHILIS IN HIV POSITIVE PREGNANT WOMEN

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Аннотация. В статье представлена эпидемиологическая ситуация по заболеваемости врождённым сифилисом и сифилисом беременных. Приведен обзор отечественных и зарубежных источников. Представлен клинический случай вторичного сифилиса у ВИЧ-инфицированной беременной.

Annotation. The article presents data on the epidemiological situation regarding the incidence of syphilis in pregnant women and congenital syphilis. An overview of domestic and foreign sources and clinical case of secondary syphilis in HIV-infected pregnant woman are presented.

Ключевые слова: сифилис, ВИЧ-инфекция, беременные

Key words: syphilis, HIV-infection, pregnant women

Abstract

Syphilis is a venereal disease caused by the spirochaete Treponema pallidum, which is transmitted primarily through sexual contact and has a staged progressive course. During pregnancy, transmission of syphilis to the fetus is possible after the 15-16 weeks of gestation when placenta starts functioning. Syphilis during the pregnancy can lead to fetal growth restriction, stillbirth, premature birth or

spontaneous abortion [1-5, 8, 10]. Syphilis promotes the transmission of HIV infection by activating immune cells and increasing viral load [2].

The **purpose** of the study is to demonstrate a clinical case of late detection of secondary syphilis in HIV-infected pregnant woman.

Materials and methods of research

In the present study domestic and foreign sources on the epidemiological situation of the incidence of congenital syphilis and syphilis in pregnant women were analyzed. Search systems as PubMed and Google Scholar were used. A clinical case of secondary syphilis in a pregnant woman infected with human immunodeficiency virus is given.

Study results and discussion

According to the World Health Organization (WHO), 1.5 million pregnant women are diagnosed with syphilis every year. Despite the availability of laboratory diagnostic methods and guidelines for the prenatal diagnosis of syphilis and affordable treatment, congenital syphilis remains a global public health problem in many countries with a significant infant mortality rate [10]. The fact of syphilis epidemics and the growth of congenital forms was reported in the USA, Brazil, Mongolia, Russia [1, 4-9]. In this way it means that a significant improvement in the prevention of the incidence and adverse effects of syphilis is needed. Pregnant women should be carefully examined for syphilis to establish the period of the disease, the appointment of appropriate treatment and reducing of intrauterine mortality. During pregnancy, diagnoses are established in the same way as in the general population, using serological (treponemal and non-treponemal) tests [5, 6, 9].

B. Biadgo et al. reveal that syphilis could be the cause of genital ulcers favorable for HIV infection. Early manifested forms of syphilis are acutely contagious [2, 4, 9]. In addition, syphilis can promote HIV transmission by activating immune cells and increasing viral load [8].

We present a clinical case of secondary syphilis in HIV-infected pregnant woman.

Patient G., 24 years old, pregnancy 24 weeks. She was registered as a pregnant at the antenatal clinic of the district hospital for a period of 16 weeks. The serological examination for syphilis from 11/30/2018: microprecipitation reaction (RMP) - a negative result. ELISA analysis of total antibodies (ELISA total.) - negative result.

Present history shows that the patient noticed a rash on her body in the 20s of November 2018, and was consulted by a dermatovenereologist 18.12.2018. The result of the serological survey from 12/21/2018: RMP is a negative result. ELISA total. - positive result 2+. The patient was invited to a dermatovenereologist, but she did not come.

From 12/19/2018, she was admitted to the day hospital of antenatal clinic with a diagnosis of iron deficiency anemia. According to the medical documentation of the day hospital, on examination from 12.28.2018 the patient was diagnosed with

bacterial vaginosis, and therefore she was referred to a dermatovenereologist of the district hospital for further examination. In connection with the controversal results of a serological examination for syphilis from 12/12/2018, the patient was referred by a dermatovenereologist for consultation to the health facility of the Sverdlovsk regional dermatovenereologic dispensary. December 29, 2018 examination results: there are grouped papules and spots up to 0.5 cm in diameter, roundish, brownish-red in color, prone to fusion on the trunk, upper extremities, and palms. On the mucous membrane of the cheeks, the soft palate, dense, round lentil-sized painless papules, slightly elevated above the normal mucosa were found. The surface of the elements is smooth, even, the color is whitish (Fig. 1).

Fig. 1. The spotty-papular rash on the body and upper extremities, palms, in the red border of the lips and on the oral mucosa

Serological examination for syphilis in the Sverdlovsk regional dermatovenereologic dispensary from 29.12.2018: RMP - positive result, 1/32; ELISA total. - positive result, CP 11.2; ELISA IgM - positive result; ELISA IgG - positive result 1/1280; Direct Agglutination Test (DAT) - positive result 1/2560; Immunofluorescence test (IT) - 4+.

The diagnosis was secondary syphilis of the skin and mucous membranes (Lues II recidiva - spotty-papular syphilides of the skin of the trunk, upper extremities, palms, erosive papules of the mucous membrane of the mouth). The patient was hospitalized in the infectious department of the district hospital. Treatment as Ceftriaxon 1.0 intramuscularly 1 time per day was prescribed.

During the collection of epidemiological history was established that the patient is a part of a decreed group of the population because she works as a seller at

a grocery store. The last medical examination was in August 2018 in the Yekaterinburg in a private medical organization: RMP has a negative result. In addition, patient G. is registered with an infectious disease specialist regarding HIV infection 05.12.2018. There was no physical examination of the patient there.

It was established that the patient's husband lives separately, the last sexual contact was in September 2018. The patient has minor children: girls 3 and 4 years old, who live separately, with their grandmother and with their father.

Patient G. has been cohabiting with a citizen of Tajikistan since June 2018 in a city dormitory.

On 10.12.2018 the dermatovenereologist of the district hospital examined persons who was in contact with the patient G. Cohabitant, husband and children had no clinical and serological manifestations of syphilis. A serological study in the Sverdlovsk regional dermatovenereologic dispensary was conducted with negative results.

As a part of a further epidemiological investigation sexual intercourse was detected, which was also examined with negative serological reactions and the absence of a clinic. In order to search for the source of infection, an additional history is being collected to identify other contacts and and laboratory examination of people living in the city dormitory for syphilis is being maked.

Conclusions

There is a direct correlation between the incidence of congenital syphilis and the quality of antenatal care for pregnant women in antenatal clinics. Women who are not seen in antenatal clinics during pregnancy or who register in late periods usually give birth to children with congenital syphilis, due to the fact that specific treatment is either not available or is not adequate. Unjustified refusals from treatment of pregnant women with syphilis and cases of incorrect management of pregnant women or late detection of the disease have a negative impact not only on the outcome of pregnancy, but also lead to the registration of congenital syphilis.

Currently, there is a high incidence of syphilis with a predominance of hidden forms. This case was the result of inadequate preventive and anti-epidemic measures by a dermatovenereologist and low suspicion against syphilis of obstetricians and gynecologists.

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ЭФФЕКТИВНОСТЬ ПРИМЕНЕНИЯ СИСТЕМНОЙ ТЕРАПИИ В ЦЕЛЯХ ПРОФИЛАКТИКИ ОСЛОЖНЕНИЙ ИХТИОЗИФОРМНОЙ ЭРИТРОДЕРМИИ

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