



MODERN TREATMENT OF CONGENITAL SYPHILIS

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Annotation: Congenital syphilis is a clinical form of syphilis that occurs when a child is infected in utero with pale treponema. Congenital syphilis can manifest itself in various periods of a child's life, from prenatal to adolescent. It is characterized by specific syphilitic lesions of the skin, mucous membranes, bone tissue, somatic organs and nervous system. Diagnosis of congenital syphilis is based on the isolation of the pathogen from the blood, separated skin elements and cerebrospinal fluid; positive results of serological reactions and PCR diagnostics, examination of the state of internal organs. Treatment of congenital syphilis is carried out with antibiotics, bismuth preparations and non-specific means aimed at improving immunity.

Key words: infection, inflammation, anti-syphilitic treatment.

Syphilis is one of the most common sexually transmitted diseases. Along with gonorrhea, chlamydia, cytomegaly, and trichomoniasis, it is a sexually transmitted infection. In addition to sexual transmission, infection can occur in utero and lead to the development of congenital syphilis. A child with congenital syphilis poses an infectious danger to others, especially if the disease occurs with skin manifestations.

The disease of a child with congenital syphilis is caused by transmission of infection from a sick mother during intrauterine development. Pale treponema (causative agent of syphilis) it is not able to pass through a healthy transplacental barrier. However, syphilis in women during pregnancy leads to damage to the placenta and causes a violation of its protective barrier function. As a result, treponemes enter the body of the fetus.

Transmission of treponemes from the mother to the fetus is most likely in the first years of the mother's illness, but this ability fades over time. The risk of having a child with congenital syphilis is especially high in women with a secondary form of this disease, accompanied by dissemination of the pathogen with the blood flow. In a fetus infected with treponema, internal organ damage develops only in the 5th-6th month of pregnancy. Therefore, anti-syphilitic treatment carried out in the early stages can lead to the birth of a healthy child.

Symptoms of congenital syphilis

Depending on the characteristics of the course of congenital syphilis and the timing of the appearance of its clinical signs, venereology distinguishes 4 main forms of the disease.

Fetal syphilis develops during the intrauterine period, but not earlier than the 5th month of pregnancy. It is characterized by compaction and enlargement of internal organs (especially the liver and spleen), which occurs due to their inflammatory infiltration. The formation of infiltrates in the lungs leads to the development of "white" fetal pneumonia. The most reliable criterion confirming congenital syphilis of the fetus is X-ray detection of signs of specific osteochondrosis in the fetus. The occurrence of congenital syphilis during intrauterine development can lead to premature birth, late miscarriage, stillbirth or the birth of a sick child.

Early congenital syphilis occurs in a child under the age of 2 years and is divided into congenital syphilis of

infancy and syphilis of early childhood. In infants, symptoms of congenital syphilis may appear during the first 1-2 months of life. Most often, this is a lesion of the skin and mucous membranes with the development of syphilitic pemphigus.

Typical symptoms of congenital syphilis in infants are also syphilitic runny nose and Gohsinger's infiltration. Syphilitic runny nose has a long course with pronounced edema of the mucous membrane, abundant mucous discharge, pronounced difficulty in nasal breathing. It can lead to damage to the bone and cartilage structures of the nose with the formation of a saddle-shaped deformity. Gohsinger's infiltration is expressed by the appearance of a dense infiltrate (syphilis) at 8-10 weeks of life of a child with congenital syphilis, located in the chin and lips, on the soles, buttocks and palms. The baby's lips are thickened and swollen, cracked and bleeding, the skin of the affected areas loses elasticity, thickens, its folds are smoothed out.

With congenital syphilis of infancy, an ulcerative lesion of the larynx can occur with the appearance of hoarseness of the voice. Bone tissue lesions are manifested by osteochondrites and periostitis mainly of long tubular bones. As with secondary syphilis, specific lesions of somatic organs caused by congenital syphilis can

be observed: hepatitis, myocarditis, pericarditis, endocarditis, glomerulonephritis, hydrocephalus, meningitis, meningoencephalitis. Boys often have a specific orchitis, sometimes-dropsy of the testicle. Lung damage in congenital syphilis occurs with the development of interstitial diffuse pneumonia, which often leads to the death of the child in the first days of life.

In early childhood, congenital syphilis can be manifested by eye diseases, damage to the nervous system, and limited skin manifestations in the form of a few large papules and broad warts. With congenital syphilis in young children, internal organ damage is less pronounced. Changes in bone tissue are detected only on radiographs.

Late congenital syphilis begins to manifest itself clinically after 2 years of age, most often in adolescence (14-15 years). Its symptoms are similar to those of tertiary syphilis. These are gum-like or tubercular syphilids that are localized on the trunk, face, limbs, nasal mucosa and hard palate. They quickly disintegrate with the formation of ulcers. Common symptoms of late congenital syphilis include specific gonitis, saber-shaped lower legs, and dystrophic changes (stigmas) caused by the pathogen's influence on emerging tissues and organs. Stigmas are non-specific and can be observed in other infectious diseases (for example, tuberculosis). Specific to late congenital syphilis is the Getchinson triad: syphilitic labyrinthitis, diffuse keratitis and Getchinson's teeth-dystrophic changes in the central upper incisors.

Latent congenital syphilis can occur in a child at any age. It occurs in the complete absence of clinical symptoms and is detected only by the results of serological studies.

Diagnosis of congenital syphilis

The diagnosis of congenital syphilis is confirmed by the detection of pale treponemas in the contents of syphilitic pemphigus blisters or discharge ulcers. However, in the absence of skin manifestations, it is not possible to apply this diagnostic method. Identification of the pathogen in congenital syphilis can be carried out by microscopic examination of the cerebrospinal fluid obtained as a result of lumbar puncture. But the negative result of this study does not exclude the presence of a latent form of congenital syphilis.

Serological reactions play a crucial role in the diagnosis of congenital syphilis. Non-specific tests (Wasserman reaction, RPR test) can give false positive results. Therefore, if congenital syphilis is suspected, specific serological tests are also widely used: RIF, RIBT, RPGA. PCR-detection of pale treponema is carried out with blood, scraping, separated skin elements of patients with congenital syphilis. The result is 97% accurate.

Diagnosis of syphilitic lesions of various internal organs may include consultation with a pulmonologist, neurologist, hepatologist, nephrologist, optometrist, otolaryngologist, lung radiography, bone radiography, ultrasonography, ECHO-EG, lumbar puncture, ultrasound of the abdominal cavity and liver, ultrasound of the kidneys, etc.

Treatment of congenital syphilis

Pale treponema, unlike most other microorganisms, still remains highly sensitive to the effects of penicillin-type antibiotics. Therefore, the main therapy of congenital syphilis consists in long-term systemic administration of penicillins (benzylpenicillins in combinations and in combination with ecmoline). If a

child has an allergic reaction to penicillin or treponema resistance is detected by backseeding with an antibioticogram, treatment is carried out with erythromycin, cephalosporins or tetracycline derivatives. If the nervous system is affected by congenital syphilis with the development of neurosyphilis, endolumbal administration of antibiotics and pyrotherapy (prodigiozan, pyrogenal) is indicated, which improves their penetration through the blood-encephalic barrier. In the treatment of late congenital syphilis, along with antibiotic therapy, bismuth preparations (bismoverol, biyoquinol) are prescribed. Vitamins, biogenic stimulants, and immunomodulators are also used.

Prevention of congenital syphilis

The main preventive measure in the prevention of congenital syphilis is a mandatory two-time serological examination of all pregnant women for syphilis. If a positive serological reaction to syphilis is detected, a further examination of the woman is performed. Establishing a diagnosis of "syphilis" in the early stages of pregnancy is a medical indication for an abortion. If the pregnancy persists, but an early start of treatment is given to a woman infected with syphilis, it is possible to give birth to a healthy child.

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