

中文題目：梅毒性肝炎－容易忽略以肝炎表現的性傳染疾病

英文題目：Syphilitic hepatitis – A frequently misdiagnosed sex-transmitted hepatitis

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**Introduction:** Syphilis, caused by gram negative spirochete *Treponema pallidum*, is an old and well known sex-transmitted disease with varied manifestations such as chancre, lymphadenitis, and polymorphic macules. Hepatitis and condyloma lata are rare clinical presentations of syphilis.

**Case presentation:** A 31-year-old male visited the Rheumatology OPD on January 20<sup>th</sup>, 2022 with complaints of stomachache, malaise, and generalized macules without prurigo for one week. He denied any congenital or systemic disease except allergic rhinitis for 10 years. The small ovoid macules with irregular and elevated border 1-2 cm in diameter originated from back and four extremities, then disseminated to face and chest/abdomen. Stomachache and nausea but no vomiting, fever, diarrhea, respiratory distress, headache were noted. The physical examination showed unremarkable finding except bilateral tonsillar enlargement with congestion and pus coating. The laboratory data displayed increase in serum transaminase (AST/ALT: 142/316 IU/l) and bilirubin levels (total bilirubin: 2.6 mg/dl). The hepatitis markers showed negative for HBV and HCV. Positive results in ANA (1:320, reactive, cytoplasmic and speckled types), AMA (1:160, reactive), and eosinophilic cation protein (ECP, 80 ug/l) with decrease in C4 (9.1 mg/dl) were indentified. The abdominal sonography showed splenomegaly and thickening and edematous change of gall bladder wall. Because the serum transaminase (AST/ALT: 201/305 IU/l) and bilirubin (4.3 mg/dl) levels continued to increase after 2 weeks of supportive treatment. The infectious disease specialist was consulted and secondary syphilis was diagnosed with serologic results (RPR, 1:256, reactive; TPHA, 1:10,240, reactive) and skin lesions of condyloma lata. The symptoms of GI upset and abnormal liver function test resolved after 3 doses of intramuscular benzathine penicillin (2.4 MU) weekly for 3 weeks. His sex partner has recieved the diagnosis of primary syphilis with chancre on the penile shaft.

**Discussion:** Literatures have reported that the prevalence rate of syphilitic hepatitis ranging from 0.9% to 30.6%. The clinical manifestations, laboratory characteristics, and pathologic examination of syphilitic hepatitis mimic those of viral and autoimmune hepatitis. Our case was identified initially by the typical skin manifestations of condyloma lata and the subsequent syphilitic serologic surveys.

**Conclusion:** Syphilitic hepatitis was often misdiagnosed until typical skin lesion of syphilis such as condyloma lata was noted. Correct diagnosis of syphilitic hepatitis is based on clinical experience and positive of treponema antibodies, and the treatment is the same as secondary syphilis.