

Infant of a syphilis seroreactive mothers

2002/01(制定)

2013/10 (修訂)

若嬰兒出生後身體檢查不正常，或其母親未接受適切治療(不完整、非使用 PCN、或狀態不明)，則需住院做檢查並治療。

若嬰兒出生後身體檢查正常，且其母親有接受完整有效治療，則先入嬰兒室自費檢驗血清 RPR，並做完整的理學檢查，接著依其檢驗結果與母親治療情形做後續處理。如果 RPR titer 超過母親血中濃度的四倍，或是母親治療不完整，或/及理學檢查有任何發現，則需轉健保床，做完整的檢查。包括： CBC, DC, platelet; CSF for VDRL, cell count and protein; TPHA；如有必要時，加做下列檢查 long-bone radiographs, liver function, chest radiograph, ophthalmologic examination, and AEP

Manifestations of Congenital Syphilis

Early Congenital Syphilis

• Hepatosplenomegaly Skeletal: osteochondritis, periostitis, pseudoparalysis from painful limbs, small for gestational age• Mucocutaneous: maculopapular rash, palmar/plantar bullae, condylomata, mucous patches, rhinitis, petechiae, jaundice• Hematologic: anemia, thrombocytopenia, disseminated intravascular coagulation, pneumonia alba• Gastrointestinal: enteritis, pancreatitis• Renal: nephrosis or nephritis, edema, ascites• Ocular: uveitis, chorioretinitis, glaucoma• Central nervous system: aseptic meningitis

Late Congenital Syphilis

• Ocular: interstitial keratitis, uveitis, glaucoma• Skeletal: frontal bossing, short maxilla, high palatal arch, saddle nose, saber shins, scaphoid scapula, Clutton joints (painless hydrarthrosis)• Dental: mulberry molars, Hutchinson teeth (notched incisors), enamel dystrophy• Neurologic: eighth nerve deafness, mental delay, convulsive disorders, paresis, paralysis• Cutaneous: rhagades (linear scars), gummas, palatal perforation

Treated for presumed congenital syphilis

if mother:

- had untreated syphilis at delivery
- had serologic evidence of relapse or reinfection after treatment
- was treated with erythromycin or other nonpenicillin regiment for syphilis during pregnancy
- was treated for syphilis less than or equal to 1 month before delivery
- did not have a well-documented history of treatment for syphilis
- was treated appropriately before pregnancy but had insufficient serological follow-up
- the adequacy of treatment for early syphilis cannot be evaluated because RPR has not decreased fourfold

or/and if infant has:

- an abnormal physical examination that is consistent with congenital syphilis
- a serum RPR titer fourfold greater than the mother's titer
- any abnormal laboratory finding

Treatment

Aqueous crystalline PCN G 50,000 U/K/dose IV q12h for first 7 days of life and q8h thereafter for a total of 10 days.

