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RELIABILITY OF SYPHILIS TESTS IN PATIENTS WITH HIV
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Objective: To assess the extent of treponemal antibody decrease in persons at risk for HIV and to determine whether such loss is a specific one.

Methods: Paired sera collected at a 3-4 year interval from patients attending primary care facilities and/or an HIV clinic were tested for syphilis by Microhemagglutination for Treponema pallidum (MHA-TP). Paired sera of which at least the first specimen was reactive in the MHA-TP were also tested blinded for HIV, Toxoplasma gondii (Tg) and mumps. Additional tests for syphilis were carried out as well: Fluorescent Treponemal Antibody-Absorbed Test (FTA-Abs), Captia IgG for T. pallidum and quantitative MHA-TP.

Results:

		Unconfirmed by FTA-Abs		Confirmed by FTA-Abs	
		HIV ab Status		HIV ab Status	
		+	-	+	-
MHA-TP	increase	2	3	1	3
TITER	no change	14	11	8	10
	decrease	24	1	17	0

A) HIV ab+ patients showed a significantly larger proportion with decreasing MHA-TP titers than HIV ab- patients (24/40 vs. 1/15). In the HIV ab+ group, we found 6 sero-reversions to non-reactive by MHA-TP, none in HIV ab- group. B) Among HIV ab- patients no changes in anti Tg, anti mumps or anti Tp were found, while among HIV ab+ patients we found 2 instances in which all four serological markers were decreased. In 6 cases, (HIV ab+) changes in anti mumps titers were not parallel by changes in Tp tests.

Conclusion: Serological tests may underestimate the incidence of (past) syphilis in HIV ab+ patients. The decrease in treponemal antibodies in these patients is not due to a generalized loss of antibody.

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