35 Oral Presentation

Date 13/04/2015
Hour 3:16 AM

29th IUSTI European Conference on Sexually Transmitted Infections (2015) Sitges Barcelona Catalonia

First author's data

First name John
Last name Scythes
Center Community Initiative for AIDS Research
City (Center) Toronto
Address 32 Beaty Avenue
Postal code M6K 3B4
City Toronto
Telephone 647-858-8662
E-mail john.scythes@gmail.com

Sumary information

Title Revisiting the syphilis thought collective

Topics Microbiology

Authors John Scythes [1], Colman Jones [2]

Centers [1]Community Initiative for AIDS Research, [2]Canadian Broadcasting Corporation

Keywords syphilis, HIV, AIDS

Summary

Background:
A surprising number of new immunological tests for T. pallidum antibodies have recently appeared, along with renewed interest in syphilis, especially in HIV cases.
Objective:
To assess whether these new tests can shed light on our understanding of syphilis, in light of a series of historical observations and immunological principles.
Methods:
Through a detailed historical review, we examined how the current understanding of syphilis morbidity and mortality has evolved since 1935, when Ludwig Fleck first questioned the Wassermann paradigm.
Results:
In the pre-penicillin literature, we identified a link between past syphilis and an AIDS-like immunoregulation, suggested in part by the loss of tuberculin recall in long-standing syphilis, and opportunistic infections in syphilis animal models, but non-treponemal tests were falsely negative in both instances.
Discussion:
Before the discovery of HIV, specialists debated whether latent syphilis could lead to the observed excess mortality among syphilitics, independent of classical symptoms and positive Wassermann (i.e. non-treponemal) tests. Syphilis authors working in the AIDS era have suggested that there is an immunological switch in long-standing syphilis. Today, most STD clinicians only treat classical cases. But the results of research in STD/HIV settings in Toronto and Budapest, where we could control for HIV, suggest that older syphilis tests cannot elucidate the interaction between latent syphilis and AIDS.
Conclusions:
Newer immunological tests may find more syphilis cases, especially in HIV. Many cases (probably 3 times as many as detected by the VDRL/RPR) have not been managed with newer qualitative and quantitative treponemal tests. Therefore, the immunoregulatory effect of latent syphilis in AIDS remains unknown, because of these undersensitive VDRL/RPRs - nor is it known how syphilis may have contributed to all the great plagues. Syphilis is a life-long disease and should be managed as such.