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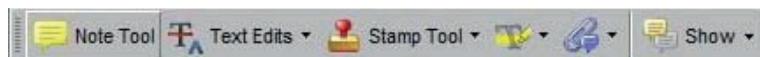
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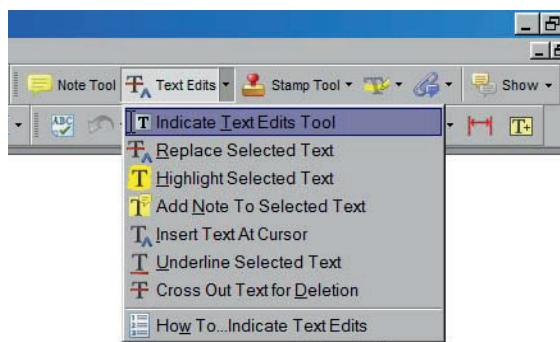
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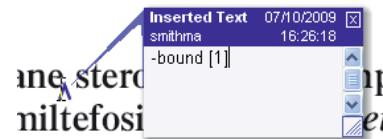


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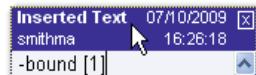
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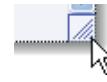


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Syphilis Treatment in the HIV-Infected Patient: Follow the Guidelines

TO THE EDITOR—We have read with great interest the case report by Haitz and Tyring published in the journal as a Photo Quiz, describing an unusual presentation of secondary syphilis mimicking a herald plaque in a human immunodeficiency virus (HIV)-positive adult patient [1]. However, we disagree with the authors about the treatment. The patient received an intramuscular injection of benzathine penicillin (2.4 million IU) weekly for 3 weeks, because of “the higher tendency of treatment failure with a single injection in immunocompromised patients.” To justify this decision, the authors quoted—as the most recent reference—Kent et al [2], who published an update on syphilis in 2008. However, Kent et al [2] concluded that “Clinicians should be aware of the signs and symptoms of syphilis as well as current guidelines for the management and treatment of this disease.” If we read the most recent guidelines, from the United Kingdom (2008), the United States (2009), and Europe (2009), it is clear that HIV-infected individuals should receive the same treatment regimen as persons without HIV infection, namely, a single injection of benzathine penicillin (2.4 million IU) for primary and secondary syphilis [3–5]. It is true that

previous US guidelines, published in 2006 [6], mentioned that “some specialists recommend additional treatment for primary and secondary syphilis—three intramuscular injections of benzathine penicillin G (2.4 million U) instead of one injection,” but this recommendation is not supported in the 2009 US guidelines nor in several recent large reviews about this topic, including ours [3, 7–9]. In conclusion, despite some controversies, treatment of syphilis should be the same in HIV-infected patients as in the general population, and careful follow-up is essential to detect potential treatment failure or disease progression.

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Potential conflict of interest. All authors: No reported conflicts.

All authors have submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest. Conflicts that the editors consider relevant to the content of the manuscript have been disclosed in the Acknowledgments section.

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