Pontine Syphilitic Gumma in an HIV-negative Patient

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Picture.

The patient was a 24-year-old man who presented with a 2-month history of headache, gait disturbance and hearing loss. He had no skin or genital manifestations before these symptoms. T2-weighted magnetic resonance imaging (MRI), fluid-attenuated inversion recovery MRI, contrast-enhanced

T1-weighted MRI, and diffusion-weighted MRI revealed a mass with extensive edema and dural enhancement in the pons (Picture, respectively). No abnormalities were observed in other regions. Examinations of the patient's serum and cerebrospinal fluid revealed pleocytosis ($1,437/\text{mm}^3$), and a

rapid plasma regain (RPR) test and treponema pallidum latex agglutination test yielded positive results. The patient's serum was negative for anti-human immunodeficiency virus (HIV) antibodies. Based on the above results, the patient was diagnosed with cerebral syphilitic gumma. Treatment with high-dose intravenous penicillin G followed by oral 3 months of treatment with doxycycline relieved the patient's symptoms, reduced the RPR titers and improved his MRI findings. Cerebral gumma occasionally occurs in patients without prodromal symptoms or anti-HIV antibodies and rarely appears in the pons (1, 2). In such cases, cerebral gumma should be considered.

The authors state that they have no Conflict of Interest (COI).

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