

MCQ 1: Answer: Penicillin desensitization therapy followed by penicillin G

MCQ Explanation: Penicillin is preferred therapy in all syphilis patients, particularly in a patient with tertiary syphilis as well as the pregnant patient. Tissue levels of penicillin overall are more favorable for elimination of syphilis.^{3,4} Alternative regimens for non-pregnant patients with no evidence of central nervous system involvement include doxycycline, tetracycline, ceftriaxone, and azithromycin. Macrolide resistance is an emerging phenomenon and efficacy is not as well-documented with other antibiotics.^{1,2}

MCQ 2: Answer: RPR at 6 and 12 months with four-fold reduction in titers

MCQ Explanation: Up to 15% of patients may not exhibit an appropriate downtrend in their RPR and require retreatment with an additional 3-week repeat course of penicillin G.⁴

References

1. Division of STD Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Centers for Disease Control and Prevention. Syphilis - 2015 STD Treatment Guidelines. June 4, 2015. Accessed November 6, 2015.
2. Centers for Disease Control and Prevention. STD Surveillance case definitions. 2014. <http://www.cdc.gov/std/stats/CaseDefinitions-2014.pdf>. Accessed on March 21, 2016.
3. Centers for Disease Control and Prevention (CDC). Primary and secondary syphilis among men who have sex with men--New York City, 2001. *MMWR Morb Mortal Wkly Rep* 2002; 51:853.
4. Centers for Disease Control and Prevention. 2015 Sexually Transmitted Diseases Surveillance. <http://www.cdc.gov/std/stats09/default.htm> (Accessed on March 20, 2016).

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