Is Antenatal Screening for Syphilis Still Necessary?

Congenital syphilis continues to present a significant public health problem worldwide. Prevention of congenital syphilis is antenatal screening and treatment of mothers with penicillin.

Untreated, symptoms develop within weeks or months. Early congenital syphilis occurs in children between 0 and 2 years. If such infants are missed and untreated, they can develop late congenital syphilis after 2 years.

Infants are considered to be at risk if they were born to mothers who were either IgM positive, had high titre RPR, had inadequate treatment or treatment late in the pregnancy. In addition, infants at risk of congenital syphilis need additional investigations such as X-Ray of long bones and chest, CSF syphilis test, CSF cell count and protein, fundoscopy, examination of umbilical cord and placenta.

A diagnosis of congenital syphilis will be considered in the presence of the following: Physical or radiographic evidence of congenital syphilis; treat undiagnosed cases of congenital syphilis; and is politically more acceptable. In countries with a 1% rate of syphilis, the cost of treating undiagnosed cases of congenital syphilis in combination with a structured and practical approach to management to enable global syphilis eradication.

The low prevalence of congenital syphilis in many developed countries may have led to complacency. The Centers for Disease Control (CDC) report on congenital syphilis in the US from 2002 found that 76.3% of cases had untreated, inadequately treated or undiagnosed treatment of maternal syphilis before or during pregnancy (including stillbirths).

Two tools to prevent congenital syphilis have been available for more than 50 years, and cost less than €0.75 ($1) saved per disability adjusted life year is €2.86 ($4) versus €13.73 ($19.20) for HIV treatment of maternal syphilis before or during pregnancy (including stillbirths).

### References


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9. However babies still die of syphilis.

10. EJ Molloy, 1,3,4, C Owoeye 1, S Knowles, 2 Departments of 1Neonatology and 2Microbiology, National Maternity Hospital, Holles St, Dublin 2

11. Neonatology, Our Lady's Children's Hospital, Crumlin, Dublin 12

12. Royal College of Surgeons in Ireland

Email: elesearn@hotmail.com