

ALTERNATIVE VIEWPOINTS

Comment on Oral Doxycycline for Treatment of Neurosyphilis in Two Patients Infected with Human Immunodeficiency Virus

Hung-Chin Tsai, M.D, Ph.D., Susan Shin-Jung Lee, M.D, and Yao-Shen Chen, M.D.

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An interesting paper about oral doxycycline for treatment of neurosyphilis in two patients infected with HIV was recently published in *Pharmacotherapy*.¹ We concur with the authors' observation that asymptomatic neurosyphilis could be selectively treated with high-dose doxycycline (200 mg twice/day) for 28 days. The national treatment guideline of syphilis from United Kingdom² also considered oral doxycycline for 28 days as one of the alternative regimens for treatment of neurosyphilis. However, in the Sexually Transmitted Diseases guideline developed by Centers for Disease Control of USA³ in 2006, they did not consider oral doxycycline as one of the acceptable regimens for treatment of neurosyphilis in HIV-infected patients. This discrepancy probably came from the unclear clinical significance of asymptomatic neurosyphilis. Most patients have no symptoms of meningitis despite presence of spirochetes in CSF. A single intramuscularly injection of long acting benzathine penicillin G 2.4 million units usually results in clinical cure in a neurologically normal patient regardless of CNS involvement. The CNS invasion of *Treponema pallidum* can occur in relative early phase of syphilis and only 5% of them is

symptomatic and causing meningitis. In the most of cases, *T. pallidum* causes transient CNS invasion and clear spontaneously. Although these two patients had improved CSF parameters after treatment, it was also likely that the successfully effect derived from the spontaneous clearance of *T. pallidum* from the CNS, irrespective of the effect of doxycycline treatment. We would extend this observation and suggest that patients with neurosyphilis and HIV infection should be evaluated carefully. Intravenous penicillin G-based standard treatment should be applied in cases of symptomatic neurosyphilis and HIV infection. Oral doxycycline can only selectively be used in some patients with HIV and asymptomatic neurosyphilis.

References

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Authors' Reply

Drs. Kang-Birken, Castel and Prichard declined the opportunity to reply.

From the Section of Infectious Diseases, Department of Medicine, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan (Drs. Tsai, Lee and Chen), and National Yang-Ming University, Taipei, Taiwan (Dr. Tsai).

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