

## **NEUROSYPHILIS WITH MANIA AS THE ONLY PRESENTATION: CASE REPORT**

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***Bruna Tarifa***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

***Bruno Soleman Maritan***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

***Fernanda Menezes de Faria***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

***Gerardo Maria de Araújo Filho***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

***Fábio Aparecido Borghi***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

***Guilherme Luiz Lopes Wazen***

Department of Neurological Sciences,  
Psychiatry and Medical Psychology, Faculty  
of Medicine of São José do Rio Preto  
(FAMERP)

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**Abstract:** Case Presentation: PR, male, 66 years old, 4 children, incomplete higher education, worked as an administrative manager, unemployed. Patient with no history of psychiatric conditions, at the age of 57, he started with euphoric mood, affective lability, mystical and self-reference delusions, tachylia and reduced need for sleep, was initially diagnosed with Bipolar Affective Disorder, manic episode with psychotic symptoms. Having been through several Psychiatry services, with 2 hospitalizations in psychiatric hospitals, he presented partial improvement with the use of antipsychotics and combined mood stabilizers, but always without achieving stabilization. In a new service, investigation was carried out with Magnetic Resonance and laboratory tests, showing alteration in the Venereal Disease Research Laboratory (VDRL), having a serum result of 1:32 and 1:8 in the analysis of the cerebrospinal fluid, other exams without significant alterations. He was then admitted to General Hospital and treated with intravenous crystalline penicillin with 20 million units per day, divided into doses of 4 million units every 4 hours. Maintained Valproic Acid 1g/day and Olanzapine 10mg/day of the patient's previous use. After 30 days of hospitalization, the patient was reassessed at the Psychiatry outpatient clinic, with improvement in symptoms, an attempt to withdraw Valproic Acid was initiated, with a new assessment in 60 days. divided into doses of 4 million units every 4 hours. Maintained Valproic Acid 1g/day and Olanzapine 10mg/day of the patient's previous use. After 30 days of hospitalization, the patient was reassessed at the Psychiatry outpatient clinic, with improvement in symptoms, an attempt to withdraw Valproic Acid was initiated, with a new assessment in 60 days. divided into doses of 4 million units every 4 hours. Maintained Valproic Acid 1g/day and Olanzapine 10mg/day of the patient's previous use. After 30 days

of hospitalization, the patient was reassessed at the Psychiatry outpatient clinic, with improvement in symptoms, an attempt to withdraw Valproic Acid was initiated, with a new assessment in 60 days. Discussion: Syphilis is a disease caused by *treponema pallidum*, with neurosyphilis being one of the most serious manifestations and appearing in about 30% of untreated patients. It was noteworthy that the patient presented only psychiatric symptoms as a manifestation of the condition, without other neurological alterations that often accompany the condition of neurosyphilis. The atypical age of onset of symptoms drew attention to the possibility of a condition with an organic cause. Treatment typically includes the use of Crystalline Penicillin, at a dose of 18 to 24 million units per day, performed in continuous infusion or in divided doses every 4 hours, for 10 to 14 days, with Ceftriaxone being an option in case of allergies. There is no consensus regarding the psychotropics to be used. Final Comments: Neurosyphilis can mimic most psychiatric conditions, including Mania as in the case in question, and must always be considered as a differential diagnosis. Treatment with antibiotics is indicated, but there is no consensus regarding the use of psychotropic drugs.