

Obligatory Serological Screening For Syphilis In Second Trimester Missed Abortion-A Case Report

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Syphilis is caused by spirochete *Treponema pallidum*, which is of particular concern during pregnancy because of risk of trans-placental infection to fetus. Stillbirth and early childhood mortality due to syphilis are high. Antenatal screening for syphilis provides a good opportunity to detect the disease early. According to WHO in 2021 - 0.8% (1million) pregnancies are at a risk of contracting syphilis. Maternal syphilis infection is highly prevalent in Africa accounting for 57% of global burden. In India the seroprevalance of syphilis is 0.3%, now for almost a decade due to availability of sero-diagnostic test for syphilis as a part of routine antenatal care there has been a declining trend. Sensitivity of RPR is estimated to be 86% in detecting primary syphilis, 100% for secondary syphilis and 95% for latent syphilis respectively.

I. Case report:

- Here by presenting a case of 27year old primigravida at 27weeks with complaints of absent fetal movements for past 1 day. USG showed intra uterine fetal demise with fetal hydropic features and polyhydramnios. Patient was admitted, and routine investigations were sent, Rapid plasma reagent testing was positive and syphilis infection was confirmed by Tp-Ab testing. Contact tracing was done and Husband's serology was positive for RPR. Patient and her husband were counselled and was referred to STD clinic.
- Patient was induced and she expelled a macerated male abortus of weight 840grams. No external anomalies noted. Specimen sent for autopsy revealed cardiomegaly, hepato splenomegaly features consistent with non-immune hydrops. Placenta on histopathological examination revealed hydropic villi changes with choriomnionitis.
- Patient and her husband were treated with Inj. Benzathine penicillin 2.4million units IM.

Fetus showing features of Hydrops



Organomegaly



II. Discussion:

- Pregnant women with positive non treponemal screening test, should have additional quantitative treponemal testing because titres are essential for monitoring response.
- As a part of management of pregnant women who have syphilis information concerning ongoing risk behaviours, treatment of sex partners and to assess risk of reinfection is important.
- Any women with missed abortion in second trimester should be tested for syphilis.
- The risk for antepartum fetal infection or congenital syphilis at delivery is related to syphilis stage during pregnancy with highest risk occurring during primary and secondary stages.
- It is of prior importance to determine the stage of syphilis and treat accordingly