

Report of bone marrow/liver pathology caused by syphilis

23 March 2016



syphilis serology was positive. Further testing identified an absolute reticulocyte count of 1.2 percent, indicating inadequate marrow response to anemia. Hypercellular marrow was identified on bone marrow biopsy; lymphoid aggregates and lymphogranulomas were also present. In the hepatic sinusoids, extramedullary hematopoiesis was observed, and organisms were revealed in immunohistochemistry for syphilis. The patient was treated for late-latent [syphilis](#) with ceftriaxone for six weeks and his symptoms resolved.

"Syphilis was the cause of our patient's widespread liver and [bone marrow](#) involvement and the resulting anemia, transaminitis, and leukoerythroblastosis," the authors write.

More information: [Full Text \(subscription or payment may be required\)](#)

(HealthDay)—A case of acquired syphilis leading to involvement of the bone marrow and liver is described in a report published online March 22 in the *Annals of Internal Medicine*.

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Kalyan C. Mantripragada, M.D., M.P.H., from the Warren Alpert Medical School of Brown University and the Rhode Island Hospital in Providence, and colleagues describe a 65-year-old male patient who presented to the hospital with six weeks of increasing fatigue, 20-pound weight loss, and a fever of up to 100.8 degrees Fahrenheit.

The researchers identified normocytic anemia, with a hemoglobin level of 84 g/L on initial testing. Changes consistent with [liver](#) cirrhosis and splenomegaly were identified on computed tomography; liver biopsy showed chronic portal tract inflammation. Diffuse heterogeneous uptake in the bone marrow was seen on [positron emission tomography](#). Using the fluorescent treponemal antibody absorption test along with the *Treponema pallidum* particle agglutination assay, confirmatory

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