HIV Infection and Loss of Treponemal Test Reactivity

Sir,

We read with great interest the article by Sjövall, Flamholc, Kroon and Bredberg (Acta Derm Venereol (Stockh) 1991; 71: 458), in which they reported on a 34-year-old man, HIV positive, who initially presented in 1986 with secondary syphilis and high antibody titers for Wasserman complement fixation, VDRL, TPHA, FTA-abs and TPI. He later developed AIDS after Wasserman, VDRL, TPHA and TPI turned out to be negative. The authors concluded that the seroreversal in this patient was not due to a serious humoral derangement caused by HIV and/or the medications prescribed; the authors stressed the fact that treponemal tests are unsensitive markers of previous syphilis infection. We would like to share with the readers of the journal a different experience with serological tests for syphilis(STS) in HIV-infected patients. Recently, we studied a group of 268 patients that were followed up prospectively and screened for syphilis (history, clinical, TPHA, FTA-abs, VDRL) at the entry and every 6 months between 1986 and 1990; most were males (239), mainly CDC stages II (184) and III (75). One hundred and thirty-four had either history of syphilis (125) or positive STS (9) at the initial visit. Fifteen patients seroreverted before entry and 119 tested were positive at the initial visit. Fourteen IVDU with false VDRL were excluded. Fifteen patients had high titers of antibodies at the initial visit (of whom 10 had documented recent syphilis). Fifty-five patients with STS returned for follow-up, of whom only 6 increased their STS titers (3 with clinical syphilis, and 3 possible seroreactivation). Only 7 patients had a negativation of one of the tests (FTA 7, VDRL 7, TPHA 1) and 42 had no modification or a very slight decrease of their titers, after a mean follow-up of 3.3 years, the CD 4 count decreasing concomitantly from 628 to 336/mm^3. In the vast majority of cases the kinetics of STS were perfectly regular and reliable, and only once did we notice a negativation of the TPHA. Negativation of the treponemal tests thus appears a very rare event in the course of syphilis occurring in patients infected by HIV.

REFERENCES

1. Janier M, Strazzi S, Marcelli A, Puppin D Jr, Morel P. Longitudinal follow-up of serological tests for syphilis (STS) in a cohort of HIV-infected patients between 1986 and 1990; Poster MB 2217. In proceedings of the Seventh International Conference on AIDS; 16–21 of June, 1991; Florence, Italy.

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Response to the Letter by Puppin et al.

With great interest we have studied the data presented by Douglas Puppin Jr and associates, demonstrating that 7 out of 55 (13%) HIV-positive patients lost their reactivity to a treponemal test and concluding that this is a very rare event. In this context, the report by Haas et al. (1) is relevant, showing a seroreversal frequency of 38% during symptomatic HIV infection (in 6 cases FTA-abs and in 7 cases TPHA became negative). Previously, it has been generally believed that such treponemal test seroreversals do not occur. To summarize, in our opinion it is now clear that treponemal tests during HIV infection no longer can be regarded as sensitive markers of previous syphilis infection.

REFERENCES

1. Haas JS, Bolan G, Larsen SA, Clement MJ, Bachette P, Moss AR. Sensitivity of treponemal tests for detecting prior treated syphilis during human immunodeficiency virus infection. J Infect Dis 1990; 162: 862–866.

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