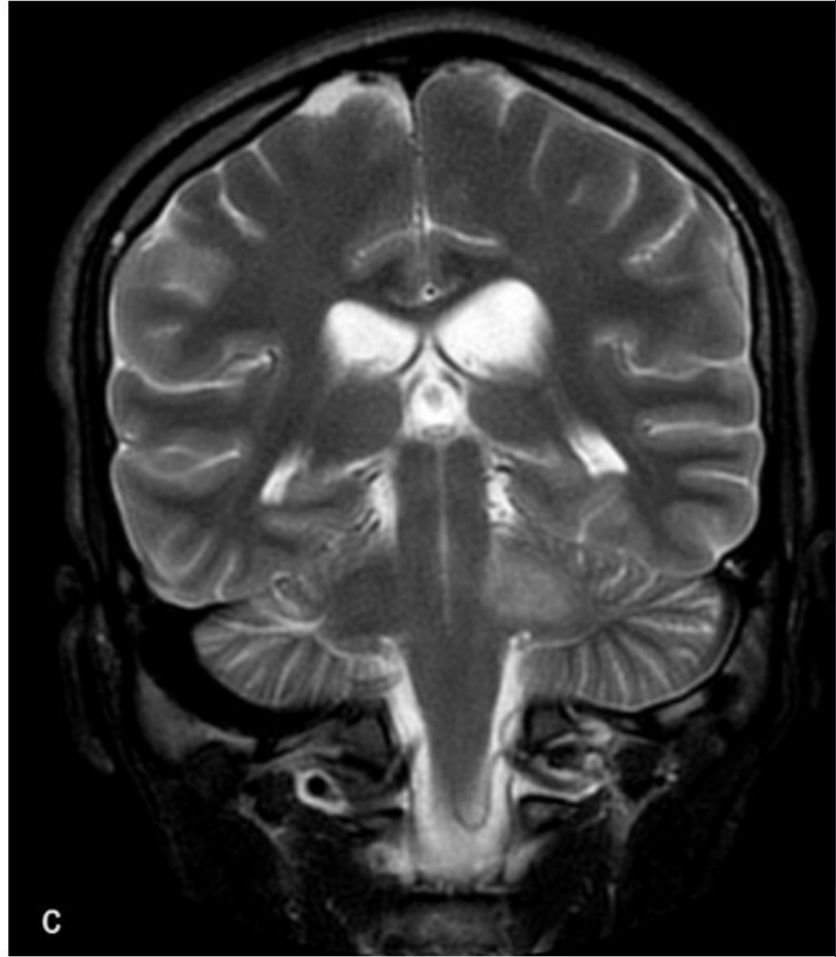
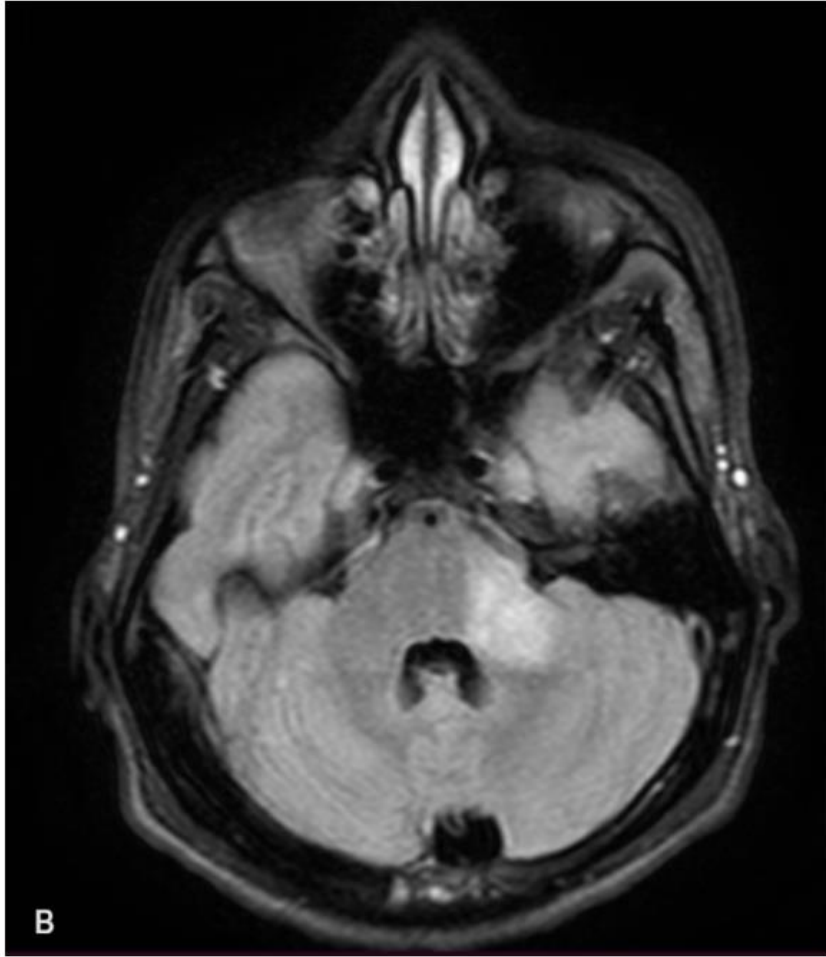
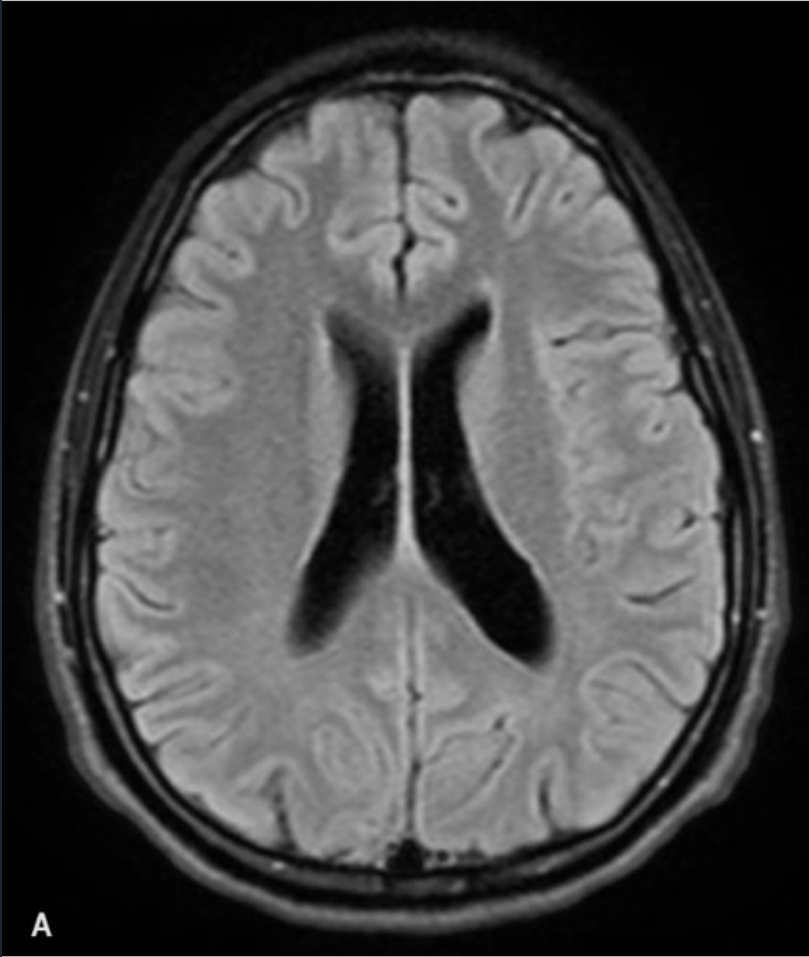




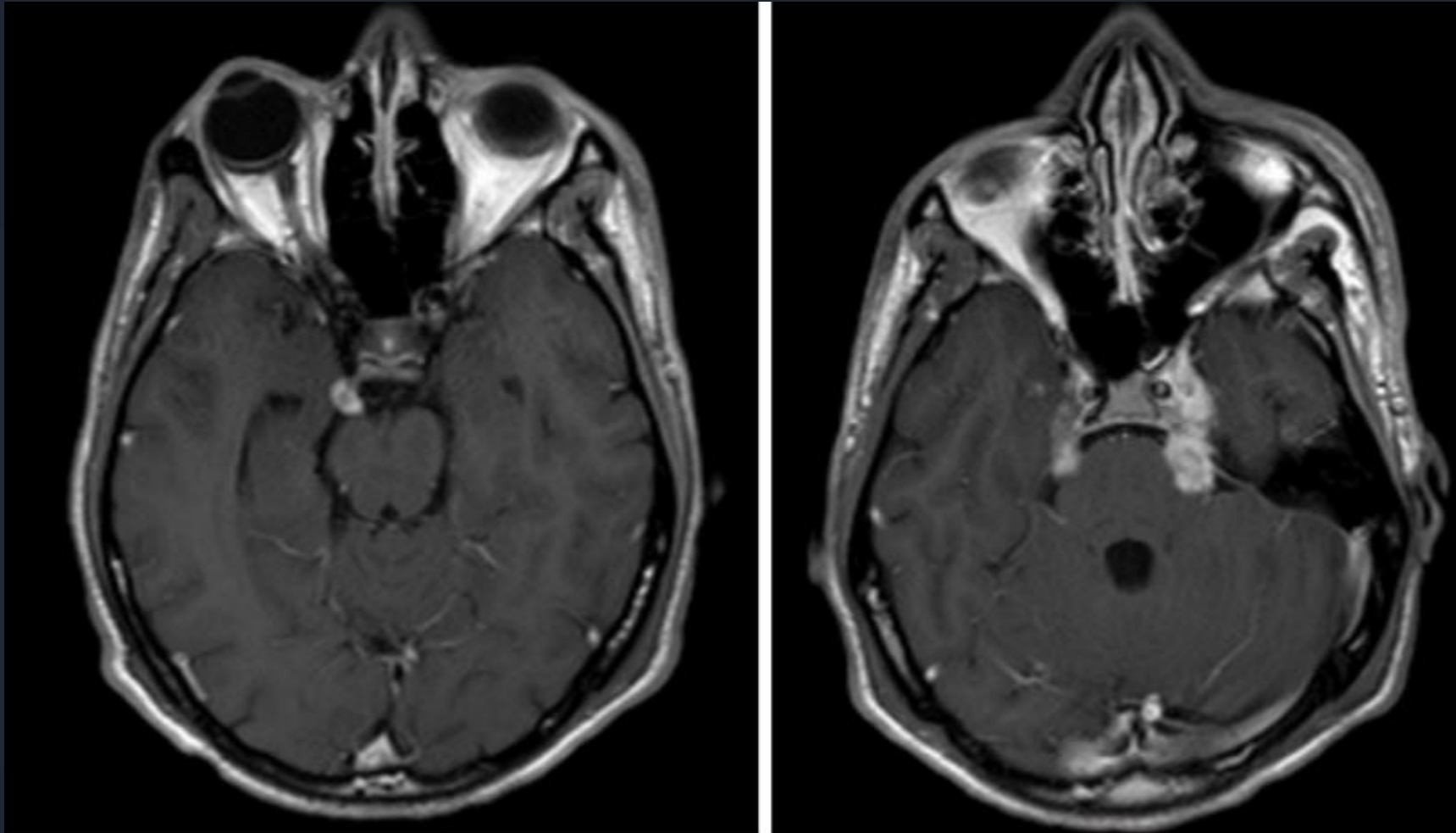
# NEUROSYPHILIS MIMICKING MULTIPLES SCHWANNOMAS

# CLINICAL CASE

- A 21-year-old man, presented with a two-month history of temporal headache and bilateral trigeminal nerves palsies and right oculomotor nerve palsy.
- An MRI showed enlargement and contrast enhancement of the bilateral trigeminal nerves and right oculomotor nerve, suggestive of schwannomas.



**Figure 1** - A) Axial FLAIR brain MR- normal.  
B e C) Axial FLAIR and coronal T2- hypersignal in T2 and FLAIR in left intrapontine trigeminal nerve.



**Figure 2** - Axial T1-weighted brain MRI showing enlargement and contrast enhancement in the right oculomotor nerve and bilateral trigeminal nerves.

## DISCUSSION

- At this moment, he was diagnosed with HIV and the cerebrospinal fluid analysis disclosed: 12 cells/mm<sup>3</sup>, protein 80 mg/dl, glucose 53 mg/dl and positive Venereal Disease Research Laboratory test (VDRL). Serum VDRL was 1/256 and the Treponema pallidum haemagglutination was positive.
- The correct diagnostic of brain MRI was gummatous cranial nerves palsies.
- He was treated with IV crystalline penicillin G 2.400.000 U/day for 14 days with clinical and radiological improvement.
- There was complete resolution after treatment with crystalline penicillin G.

## CONCLUSION

- Gummatous cranial nerve palsy is rarely as the sole manifestation of syphilis, but should be considered in the differential diagnosis of nerve tumors.