

Syphilis mimicking trigeminal schwannoma

Sífilis imitando schwannoma trigeminal

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A 20-year-old woman presented with a two-month history of temporal headache and right trigeminal nerve palsy. An MRI showed enlargement and contrast enhancement of the right trigeminal nerve, suggestive of a schwannoma (Figure A). Cerebrospinal fluid analysis disclosed: 10 cells/mm³, protein 76mg/dl, glucose 50mg/dl and positive Venereal Disease Research Laboratory test (VDRL).

Serum VDRL was 1/256 and the *Treponema pallidum* haemagglutination was positive. She was treated with IV crystalline penicillin G 2.400.000 U/day for 14 days with clinical and radiological improvement (Figure B).

Gummatous cranial nerve palsy is rarely reported^{1,2} as the sole manifestation of syphilis, but should be considered in the differential diagnosis of nerve tumors.

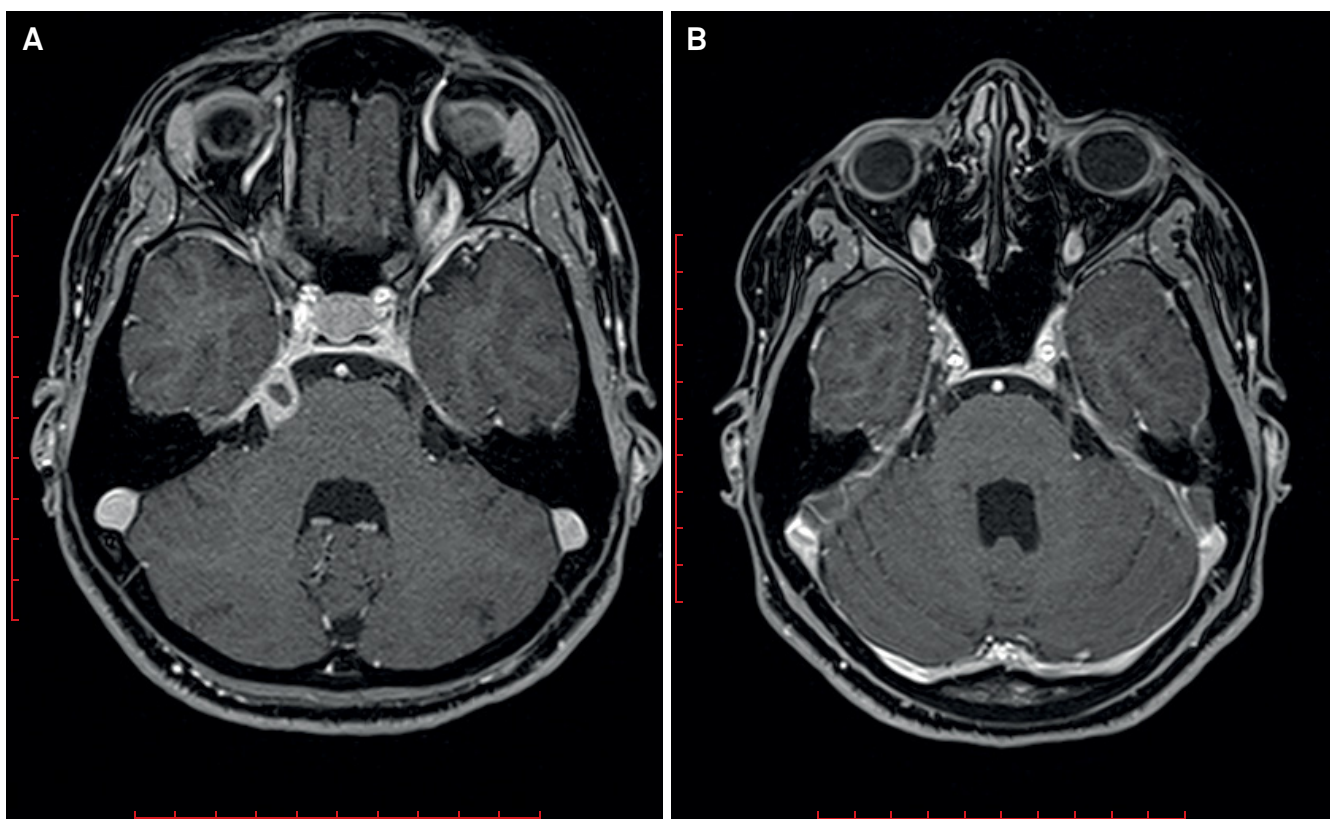


Figure. Axial T1-weighted brain MRI showing enlargement and contrast enhancement in the right trigeminal nerve (A) and resolution after treatment with crystalline penicillin G (B).

References

1. Seeley WW, Venna N. Neurosyphilis presenting with gummatous oculomotor nerve palsy. *J Neurol Neurosurg Psychiatry*. 2004;75(5):789. <http://doi.org/10.1136/jnnp.2003.025932>
2. Hess CW, Rosenfeld SS, Resor SR. Oculomotor nerve palsy as the presenting symptom of gummatous neurosyphilis and human immunodeficiency virus infection: clinical response to treatment. *JAMA Neurol*. 2013;70(12):1582-3. <http://doi.org/10.1001/jamaneurol.2013.1485>

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