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Case Report Open Access

## Syphilis a Reversible Cause of Dementia

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## Introduction

This is a case of a patient who presented to our Geriatric Psychiatry Division with Major Depressive Disorder, severe, recurrent with psychotic features and mild cognitive impairment with bilateral lower extremity pain. Patient was diagnosed with Neurosyphilis.

**Keywords:** Neurosyphilis; Mild to moderate neurocognitive impairment and reversible dementia

## **Case Report**

This article describes a case of a 71-year-old patient of Ethiopian background who presented to the Geriatric Psychiatry inpatient unit for worsening of depression and memory problems with progressive cognitive decline and behavioral changes over the last several years. The patient also had persecutory delusions and was unable to perform ADL's and IADL's. The patient had previous multiple psychiatric hospitalizations for major depressive disorder, severe, recurrent with psychotic features and was treated with antidepressants and antipsychotics without any significant improvement in symptoms. Patient also reported bilateral lower extremity pain. We performed a complete clinical and laboratory work up for reversible cause of

dementia. CSF analysis showed raised protein and cell count. The diagnosis of Neurosyphilis was established based on positive serum RPR and FTA-ABS tests along with neurological and behavioral sign and symptoms. Patient was treated with high dose penicillin for 10 days. At one year follow up improvement was noted clinically and the patient was able to perform her ADL's and IADL's along with improvement of depression and psychotic features.

## Conclusion

Often there are times when "reversible dementias" do not present with cognitive or behavioral symptoms that are severe enough to meet the criteria of major or mild cognitive impairment. It is prudent to diagnose and treat mild cognitive impairment with reversible etiology in psychiatric settings. This case stresses the import of performing the screening test for reversible causes of dementia including RPR, especially in patients with a background where syphilis is prevalent along with cognitive impairment with neurological signs. While the etiologies of reversible dementia may be treatable, and improves the patient's overall functioning, full reversal of symptoms of dementia should not be assumed.

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