LETTERS TO THE EDITOR
EDİTÖRE MEKTUP
A case of syphilis investigated due to high liver enzymes

Karaciğer enzim yüksekliği nedeniyle tetkik edilen sifiliz olgusu

To the Editor

A 41-year-old male patient visited the outpatient clinic of our hospital with the complaints of a swollen abdomen and dry crusted wounds on his head. The drying and shedding wounds had been present for a week. On physical examination, the liver was palpable 2 cm below the costal margin, while all other systemic examination findings were normal. Laboratory findings are shown in Table 1. Hepatic markers and human immunodeficiency virus (HIV) serology were negative.

Abdominal ultrasonography showed disseminated lymphadenopathy. The largest lymph node was 16x9 mm in diameter and was situated on the portal hilus level.

The medical history of the patient revealed that he had small red bumps on his palms and soles. This was followed one week later by the appearance of wounds in his genital region and acute hearing loss. During re-interview, he reported that he had a suspicious sexual intercourse 35 days previously. Venereal Disease Research Laboratory (VDRL) and *Treponema pallidum* hemagglutination assay tests were positive. There were also lesions on his suprapubic zone, testis and penis. These lesions were recognized as condylomata lata.

Liver biopsy revealed mild portal and lobular inflammations, hepatocyte necrosis and mild fibrosis – these findings were all considered compliant with syphilitic hepatitis.

Table 1. Our patient's liver enzyme profile during follow-up

	25.10.04	**17.12.04**	**23.12.04**	**06.01.05 After treatment 15th day**	**18.01.05 After treatment 26th day**	**07.03.05 After treatment 75th day**	**22.04.05 After treatment 120th day**	**Normal values**
ALT U/L	214	82	**T**	129	65	29	31	0–41
AST U/L	127	60	**R**	95	43	27	22	0–38
ALP U/L	2433	2152	**E**	1344	805	365	274	<270
GGT U/L	518	376	**A**	386	298	108	66	8–61
LDH U/L	347	309	**T**	394	367	340	309	240–480
T. Bil. mg/dl	2.43	0.52	**M**	0.24	0.25	0.18	0.33	0–1.3
D. Bil. mg/dl	1.31	0.20	**E**	0.1	0.09	0.06	0.11	0–0.3
I. Bil. mg/dl	1.12	0.32	**N**	0.14	0.16	0.12	0.22	0–0.8
T. protein g/dl	8.9		**T**					6.3-8.7
Albumin g/dl	3.6							3.5-5
Globulin g/dl	5.3							1.5-3.7
ESR 1st hour	37							<20
Prothrombin time	12.1							9.45-14 sec

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The patient was treated with penicillin; his genital lesions, hearing loss and eruptive lesions on his palms and soles regressed within a week. The patient was followed up for four months, at which time all liver enzymes had returned to normal levels, except for alkaline phosphatase and gamma glutamyl transferase (GGT), which were still slightly increased.

Syphilis is a multisystem infectious disease caused by *Treponema pallidum*. Syphilis may infect the liver in its secondary and tertiary stages (1). Its symptoms may include hepatomegaly and liver pain, though most of the patients are asymptomatic (2).

Syphilitic hepatitis usually presents with mild increase in bilirubin and transaminases and excessive increase in alkaline phosphatase levels. Among syphilitic patients with liver involvement, transaminases sometimes exceed norms by more than 10-fold. Syphilis should be considered in asymptomatic patients with hepatitis (3).

Although some publications state that liver function tests regress after a short time period, such as one month after treatment (4), our patient's symptoms regressed shortly after commencement of penicillin treatment; his liver enzyme levels decreased to normal levels after four months, except for alkaline phosphatase and GGT, which were still slightly high. After four months, VDRL decreased from initial 1/128 titration to 1/2.

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