**DIAGNOSIS**

Fundoscopy and fluorescence angiography demonstrated papilledema and posterior uveitis, which may include optic neuritis from neurosyphilis in its differential diagnosis, but may also be due to central retinal artery or vein occlusion or elevated intracranial pressure because of a tumor, hypertension, a subarachnoid hemorrhage or a subdural hematoma. The patient denied casual male sexual contact and had no history of sexually transmitted diseases. He could not remember having had a chancre or other clinical features of syphilis, and HIV testing was negative. Rapid pathogen reagin (RPR) testing and a treponema pallidum (TP) antibody test was positive in blood samples with an RPR titer of 1:64. Cerebrospinal fluid (CSF) tested negative for RPR but positive for TP Western blot. CSF also showed decreased glucose (2.1 mmol/l), increased protein (0.61 g/l), increased white blood cell count (12 x 10^6/l) and an increased immunoglobulin G (IgG) index (0.72). Hence, a diagnosis of neurosyphilis-associated posterior uveitis with papilledema was made and treatment was started with intravenous (i.v.) benzylpenicillin of three million international units, six times daily. However, visual abilities did not improve after two weeks of treatment. After deliberation, 60 mg prednisolone orally, once-daily was added with considerable improvement of visual ability.

**REFERENCES**