

Cerebral syphilitic gumma

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Cerebral [syphilitic gumma](#) is a relatively rare clinical disease. Its clinical manifestations are non-specific, and the imaging manifestations are similar to other intracranial occupying lesions, often misdiagnosed as tumors or abscesses.

Cerebral syphilitic gumma, first described by Botalli in 1563, is a rare manifestation, typically of tertiary [syphilis](#).

Syphilitic gumma involvement of the central nervous system is extremely rare and frequently misdiagnosed.

Cerebral gummas typically arise from the dura and pia mater over the cerebral convexity or at the base of the brain and produce symptoms similar to those of other intracranial tumors.

Case reports

There are few reports on this disease in the relevant literature. To our knowledge, we have reported the first case of cerebral syphilitic gumma misdiagnosed as a brain abscess. We report this case and provide useful information for clinical doctors on neurosyphilis diseases.

Case summary: We report the case to explore the diagnostic essentials of cerebral syphilitic gumma and attempt to mitigate the rates of misdiagnosis and missed diagnosis by equipping physicians with knowledge of neurosyphilis characteristics. The clinical diagnosis and treatment of a patient with cerebral syphilitic gumma were reported. Clinical manifestations, classifications, and diagnostic points were retrospectively analyzed. The patient was admitted to the hospital with fever and limb weakness. Brain magnetic resonance imaging showed multiple space-occupying lesions and a positive serum *Treponema pallidum* gelatin agglutination test. The patient was misdiagnosed as having a brain abscess and underwent a craniotomy. A postoperative pathological diagnosis of syphilis gumma was made. The patient improved and was discharged after penicillin anti-syphilis treatment. Follow-up recovery was satisfactory.

Conclusion: Cerebral syphilitic gumma is rare in clinical practice, and it is often misdiagnosed and missed. Clinical diagnosis should be considered in combination with multiple examinations ¹⁾

2016

Xia et al., report a patient of a cerebral syphilitic gumma resembling a malignant brain tumor in a 62-year-old male. He was first suspected of a malignant brain tumor, but the pathological diagnosis was cerebral syphilitic gumma. This patient with unusual findings illustrates the clinical manifestations, imaging, and therapeutic aspects of cerebral syphilitic gumma ²⁾.

2013

A 59-year-old woman presenting dysarthria showed a mass on her brain computed tomography. She was first suspected of brain tumor, but histological results from surgical resection revealed cerebral gumma due to neurosyphilis. After operation, she presented fever and rash with an infiltration on a chest X-ray. Histological assessment of skin was consistent with syphilis. Fluorescent treponemal antibody absorbed test IgG in cerebrospinal fluid was positive. She was successfully treated with ceftriaxone for 14 days ³⁾.

¹⁾

Mu LK, Cheng LF, Ye J, Zhao MY, Wang JL. Cerebral syphilitic gumma misdiagnosed as brain abscess: A case report. World J Clin Cases. 2024 Jan 26;12(3):650-656. doi: 10.12998/wjcc.v12.i3.650. PMID: 38322467; PMCID: PMC10841954.

²⁾

Xia DY, Zhu MF, Liu CG, Dai Y, Li ZB, Jiang XC, Xu SS. Cerebral Syphilitic Gumma Misdiagnosed as a Malignant Brain Tumor. J Craniofac Surg. 2016 Oct 14. PubMed PMID: 27755440.

³⁾

Yoon YK, Kim MJ, Chae YS, Kang SH. Cerebral syphilitic gumma mimicking a brain tumor in the relapse of secondary syphilis in a human immunodeficiency virus-negative patient. J Korean Neurosurg Soc. 2013 Mar;53(3):197-200. doi: 10.3340/jkns.2013.53.3.197. Epub 2013 Mar 31. PubMed PMID: 23634274; PubMed Central PMCID: PMC3638277.

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