

Neurosyphilis

National Institute of Neurological Disorders and Stroke (NINDS)

Source

National Institute of Neurological Disorders and Stroke (NINDS). [*Neurosyphilis Information Page*](#).

Neurosyphilis is a disease of the coverings of the brain, the brain itself, or the spinal cord. It can occur in people with syphilis, especially if they are left untreated. Neurosyphilis is different from syphilis because it affects the nervous system, while syphilis is a sexually transmitted disease with different signs and symptoms. There are five types of neurosyphilis:

- asymptomatic neurosyphilis
- meningeal neurosyphilis
- meningovascular neurosyphilis
- general paresis, and
- tabes dorsalis.

Asymptomatic neurosyphilis means that neurosyphilis is present, but the individual reports no symptoms and does not feel sick. *Meningeal syphilis* can occur between the first few weeks to the first few years of getting syphilis. Individuals with meningeal syphilis can have headache, stiff neck, nausea, and vomiting. Sometimes there can also be loss of vision or hearing. *Meningovascular syphilis* causes the same symptoms as meningeal syphilis but affected individuals also have strokes. This form of neurosyphilis can occur within the first few months to several years after infection. *General paresis* can occur between 3 – 30 years after getting syphilis. People with general paresis can have personality or mood changes. *Tabes dorsalis* is characterized by pains in the limbs or abdomen, failure of muscle coordination, and bladder disturbances. Other signs include vision loss, loss of reflexes and loss of sense of vibration, poor gait, and impaired balance. *Tabes dorsalis* can occur anywhere from 5 – 50 years after initial syphilis infection. *General paresis* and *tabes dorsalis* are now less common than the other forms of neurosyphilis because of advances made in prevention, screening, and treatment. People with HIV/AIDS are at higher risk of having neurosyphilis.