CARDIOVASCULAR SYPHILIS

A commentary on the archetype of syphilitic heart disease is warranted because of the newly reported resurgence of sexually transmitted diseases in Canada and the United Kingdom (1). Some 50 years ago, an itinerant libertine presented in extremis to a Quebec tertiary teaching hospital. The antemortem examination by the resident staff revealed a pulsatile thoracic protuberance (Figure 1) plus the widened pulse pressure and textbook signposts of aortic regurgitation. Specifically, their documentations included a water-hammer *celer et altus* radial pulse (Corrigan's pulse), nailbed subpapillary arteriolar pulsations (Quincke's pulse) and Duroziez's double femoral murmur, described in 1861. Traube's 'pistol shots' and de Musset's head-nodding were also recorded by the house staff. Clinically, dilation of the aortic root was inferred by a tracheal tug and a basal systolic ejection click. As a result, lues (syphilis) was etiologically suspect, as the known sequelae of a luetic mesaortitis, often protean and meriting the designation of 'the great imitator', are those of aortic regurgitation, coronary ostial occlusive disease and aneurysm formation. The provisional diagnosis was believed to be confirmed by a musical 'pinging' of the second sound ('bruit de tambour'), and the presence of a grade IV diastolic incompetent leak to the right of the sternum (2).

Figure 1) A luetic aortic aneurysm eroding the right posterior chest wall

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At necropsy, the gross anatomical picture was indeed characteristic of a luetic aortitis and saccular aneurysm formation involving the proximal ascending aorta, with erosion of the chest wall (Figure 2). The aortic intima was thickened, cicatricial and

Figure 2) *Luetic aortitis with aneurysm. The aorta is thickened and wrinkled, likened to the bark of a tree*

nodular, with a wrinkled 'tree-bark' appearance in the long axis. The commissures were widened and the cusps shortened, attenuating coaptation. Concomitant calcium depositions were patient-specific for lues. These may be reflected radiologically by linear 'eggshell' configurations (3); however, due to the rapidity of the plagued subject's demise, a premortem chest film was not possible at a time period when explicit serological testing (the fluorescent treponemal antibody absorption test), echocardiography (Austin Flint diastolic mitral flutter) and therapeutics (benzathine penicillin G) were very much nascent. As Jean Racine annotated in 1677, "it is no longer a passion hidden in my heart; it is Venus herself fastened to her prey" (4).

John Morphet MD FRCPC FACC FESC
Department of Medicine
McMaster University
Hamilton, Ontario

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