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Recommended Treatment Schedules For Syphilis

Primary, Secondary Syphilis

- Rx: Benzathine penicillin G—2.4 million units total (1.2 million units in each buttock) by intramuscular injection.
or: PAM—4.8 million units total usually given 2.4 million units at first session, as above, and 1.2 million units at each of two subsequent injections 3 days apart.
or: Aqueous procaine penicillin G—600,000 units daily for 8 days to total 4.5 million units.

Latent Syphilis

- Rx: Benzathine penicillin G—If no spinal fluid examination is done, treatment must encompass the possibility of asymptomatic neurosyphilis. In this case, 6.0—9.0 million units total, given 3.0 million units (1.5 in each buttock each session) at 7-day interval.
With nonreactive spinal fluid examination, 2.4 million units (as primary).
or: PAM—Aqueous penicillin G—Same as primary syphilis.

Congenital Syphilis

- Rx: Benzathine penicillin G—50,000 units per kilogram of body weight at one clinic visit.*
or: Aqueous Procaine Penicillin G—100,000 units per kilogram of body weight divided into daily dosage over a 10-day period.*

Late Syphilis

Asymptomatic neurosyphilis
Symptomatic neurosyphilis
Cardiovascular syphilis
Late benign (cutaneous, osseous, and visceral gumma) syphilis

- Rx: Benzathine penicillin G—6.0 to 9.0 million units total, given 3.0 million units at 7-day intervals.
or: PAM—6.0-9.0 million units total, given 1.2 million units at 3-day intervals.
or: Aqueous procaine penicillin G—6.0 to 9.0 million units total, given 600,000 units daily.
Any benefit from more than 10 million units has not been demonstrated.

Syphilis in Pregnancy

Syphilis in pregnancy should be managed in the same manner as with any non-pregnant patient. Urgency of treatment is the keynote to therapy.

Alternate Antibiotics

When sensitivity precludes use of penicillin, erythromycin and tetracycline are the best alternate drugs. Recommended dosage orally is 30-40 gms. of erythromycin or 30-40 gms. of tetracycline given over a period of 10-15 days. Treatment with such alternate antibiotics must be accompanied by close follow-up of the syphilitic patient since none of these drugs has had adequate evaluation in all stages of syphilis. Spinal fluid examinations must be done as part of follow-up after this type of therapy.

Preventive Treatment

If the patient is known to have been exposed to lesion syphilis, it is a fallacy to wait for the disease to develop to the clinical or reactive serologic stage, meanwhile allowing reinfection of treated patients and the infection of additional persons. However, every effort should be made to arrive at a diagnosis, including a complete physical examination, before administering preventive treatment.

Adequate preventive treatment may consist of 2.4 million units of benzathine penicillin G.

* Total dosage not to exceed 5.0-6.0 million units.