



Michigan Chapter

Case Report TIPS AND TRICKS

General Preparation

- [Become an ACP member!](#)
- Identify a case. Compelling case reports often describe novel/rare/unusual clinical scenarios/diagnoses/approaches or include an important clinical message/directive. A team member/mentor can help guide your choice.
- Designate a mentor and communicate early + often. This may be a senior resident/fellow/attending on your team.
- Check out the [case library](#) for general style guidance
- Use [CARE-writer](#) for an interactive template consistent with CARE guidelines
- Check out the [sample case report from ACP](#)
- Stay on top of deadlines and give yourself time for the writing and editing process (Fall deadline for MI ACP is July 18th!)

Progressive Vision Changes in Young Patient: Screen for Syphilis

First Last, Degree

Institution, City, State

Title/Author Info

- Title effectively summarizes case without giving away full clinical picture
- Title includes indications as to why the case is compelling/meaningful
- Presenter is listed as first author
- Confirm affiliations and name formatting with each author

Introduction

1. A brief introduction gives context and highlights the significance of the case
2. This is a short section: a warm-up sales pitch for the audience re: case relevance

Syphilis is a sexually or congenitally transmitted infection of *Treponema pallidum* that has been on the rise in the United States and worldwide since 2000(1). Ocular infection can occur during any stage (primary, secondary, latent, or tertiary), and because it can affect all parts of the eye are non-specific (eye redness, pain, vision loss, floaters, photopsia, or photophobia)(2).

<p>A 39-year-old female presented for three months of right eye pain and blurry vision with black and white floaters. She was evaluated by a local ophthalmologist who was concerned of retinal necrosis so referred her to a tertiary care center. Two weeks later, ophthalmic exam revealed bilateral panuveitis (right > left) and placoid chorioretinitis with a right pupil that would accommodate but not react, right visual field loss to finger counting except for superior temporal quadrant and limited bilateral convergence (right > left). A rapid plasma reagin test (RPR) and the treponema pallidum particle agglutination test was reactive and RPR titer was 1:64. Treatment of ocular syphilis with IV penicillin G 3 million units every four hours was initiated. Brain MRI revealed microvascular ischemic changes representative of meningovascular disease seen with neurosyphilis. Cerebrospinal (CSF) analysis had 117 WBC (95% lymphocytes), protein=58 mg/dL, glucose=46 mg/dL and a positive VDRL with 1:4 titer. The patient continued her two-week antibiotic course at home through a peripherally inserted catheter (PICC) line.</p> <p>After four days of treatment, bilateral improvement of near visual acuity (right: "hand movements" to 20/100; left: 20/40 to 20/20), and exam on day 10 of treatment showed unilateral improvement of distance visual acuity (right: "hand movement with direction" to 20/400; left: 20/70 to 20/100) and bilateral improvement of visual fields (right: total deficit to hemiopia; left: hemiopia to fully intact).</p>	<h2 style="text-align: center;">Case Description</h2> <ul style="list-style-type: none"> ● This is a concise, chronological account of the patient's hospital course ● Include patient's relevant HPI, physical exam, labs/studies, interventions, and progress ● Keep it clear: the goal is to provide enough information to support your ultimate claim. Think: Is this necessary for the reader to understand the clinical picture? ● Abbreviations/jargon should be kept to a minimum
<h2 style="text-align: center;">Case Discussion</h2> <ol style="list-style-type: none"> 1. Begin by identifying one or several key teaching points, then work backwards to describe how this specific case underlines those points. 2. Use this section to discuss key decisions and their rationale in the case 3. Think about what questions another physician would ask you about this case after reading the description and use this section to clarify. 	<p>This case demonstrates the importance of early diagnosis of ocular syphilis to prevent permanent vision loss (2). Focal neurological abnormalities in setting of syphilis infection should prompt workup for central nervous system involvement so management can be elevated; however, ocular syphilis alone does not require cerebrospinal fluid testing (1).</p>
<h2 style="text-align: center;">Common Pitfalls:</h2> <ul style="list-style-type: none"> ● Writing like a patient note rather than a narrative ● Losing focus on the main takeaways from the case ● Turning in a finished product that doesn't follow the stated formatting rules 	<h2 style="text-align: center;">Before You Submit:</h2> <ul style="list-style-type: none"> <input type="checkbox"/> Verbal read to check for errors/phrasing issues <input type="checkbox"/> Final review by mentor <input type="checkbox"/> Check against formatting guidelines (CARE Guidelines) <input type="checkbox"/> Use the online portal. Medical students submit here, residents submit here

** Thank you to [Dr. Karla Passalacqua, PhD, ACP National](#), and Dr. Sarah Hartley for their contributions **

Case citations:

1. Ghanem, K. G., Ram, S., & Rice, P. A. (2020). The modern epidemic of syphilis. *New England Journal of Medicine*, 382(9), 845-854.
2. Furtado, J. M., Simões, M., Vasconcelos-Santos, D., Oliver, G. F., Tyagi, M., Nascimento, H., ... & Smith, J. R. (2022). Ocular syphilis. *Survey of Ophthalmology*, 67(2), 440-462.