A young adult with HIV who was not receiving antiretroviral therapy presented with bilateral photophobia and decreased vision. CD4 count was 24 cells/mm3 and HIV RNA level was 175 000 copies/mL. Multiple sexual partners with inconsistent protection were reported. Review of systems was positive for a pruritic back rash of crusting erythematous plaques.

Presenting uncorrected visual acuity was hand motions in both eyes. Intraocular pressures, measured by iCare, were 14 and 9 mm Hg in the right and left eye, respectively. Examination of the right eye showed corneal stromal haze, 3+ anterior chamber cell (26-50 cells/1 × 1 mm slitlamp field), posterior synechiae, vitreous cell and haze obscuring retinal vascular details, blurred disc margins, and superonasal peripheral retinal whitening. Examination of the left eye showed corneal haze, 1-mm hypopyon, posterior synechiae, vitreous cell and haze obscuring retinal vascular details, blurred disc margins, and superotemporal peripheral retinal whitening . Fluorescein angiography showed bilateral optic disc leakage and staining in the left eye of supero- temporal retinitis.

Intravitreal foscarnet was empirically administered, and frequent topical steroids were initiated. Aqueous fluid from both eyes returned negative for herpetic viral DNA by polymerase chain reaction. Results of Treponema pallidum serum antibody (DiaSorin LIAISON XL), T-spot, and Toxoplasma gondii serum antibody tests and urine cultures were negative, and echocardiogram and chest radiography were normal. Blood cultures grew polymicrobial bacteria of uncertain significance. Vitreous cultures were negative for bacteria and fungi. Cerebro- spinal fluid was negative for VDRL and other microbiologic studies. Empirical treatment with intravitreal and systemic broad-spectrum antibiotic, antiviral, and antifungal yielded little improvement in posterior inflammation.

A direct scraping of skin lesions demonstrated spirochetes with histopathology. Rapid plasma reagin testing (initially not performed reflexively) was then per- formed, yielding a 1:64 titer. Cerebrospinal fluid T pallidum particle agglutination assay results were positive. Repeat serum treponemal antibody testing remained negative. After 14 days of intravenous penicillin, visual acuity and vitritis improved, and peripheral retinitis resolved. Outer neurosensory retinal attenuation persisted on optical coherence tomography.