



[Home](#) → [Medical Encyclopedia](#) → Congenital syphilis

URL of this page: [//medlineplus.gov/ency/article/001344.htm](https://medlineplus.gov/ency/article/001344.htm)

Congenital syphilis

Congenital syphilis is a severe, disabling, and often life-threatening infection seen in infants whose mothers were infected with syphilis and not fully treated. The infection can pass through the placenta to the unborn infant during pregnancy.

Causes

Congenital syphilis is caused by the bacterium *Treponema pallidum*, which can be passed from mother to child during fetal development or at birth. Up to half of all babies infected with syphilis in the womb die shortly before or after birth.

Despite the fact that this disease can be cured with antibiotics if caught early, rising rates of syphilis among pregnant women in the United States have increased the number of infants born with congenital syphilis since 2013.

Symptoms

Most babies who are infected before birth appear normal. Over time, symptoms may develop. In babies younger than 2 years old, symptoms may include:

- Enlarged liver and/or spleen (mass in belly)
- Failure to gain weight or failure to thrive (including prior to birth, with low birthweight)
- Fever
- Irritability
- Irritation and cracking of skin around the mouth, genitals, and anus
- Rash starting as small blisters, especially on the palms and soles, and later changing to copper-colored, flat or bumpy rash
- Skeletal (bone) abnormalities
- Not able to move a painful arm or leg
- Watery fluid from the nose

Symptoms in older infants and young children may include:

- Abnormal notched and peg-shaped teeth, called Hutchinson teeth
- Bone pain

- Blindness
- Clouding of the cornea (the covering of the eyeball)
- Decreased hearing or deafness
- Deformity of the nose with flattened nasal bridge (saddle nose)
- Gray, mucus-like patches around the anus and vagina
- Joint swelling
- Saber shins (bone problem of the lower leg)
- Scarring of the skin around the mouth, genitals, and anus

Exams and Tests

If the infection is suspected at the time of birth, the placenta will be examined for signs of syphilis. A physical examination of the infant may show signs of liver and spleen swelling and bone inflammation.

A routine (screening) blood test for syphilis is done for all pregnant women. Mothers may receive the following blood tests:

- Fluorescent treponemal antibody absorbed test (FTA-ABS)
- Rapid plasma reagin (RPR)
- Venereal disease research laboratory test (VDRL)

An infant or child whose mother had syphilis may have the following tests:

- Bone x-ray
- Dark-field examination to detect syphilis bacteria under a microscope
- Eye examination
- Lumbar puncture (spinal tap) to remove spinal fluid for testing
- Blood tests (similar to those listed above for the mother)

Treatment

Penicillin is the drug of choice for treating this infection. It may be given by IV or as a shot or injection.

Outlook (Prognosis)

Many infants who were infected early in the pregnancy are stillborn. Treatment of the expectant mother lowers the risk for congenital syphilis in the infant. Babies who become infected when passing through the birth canal have a better outlook than those who are infected earlier during pregnancy.

Possible Complications

Health problems that can result if the baby isn't treated include:

- Blindness
- Deafness

- Deformity of the face
- Nervous system problems

When to Contact a Medical Professional

Contact your health care provider if your baby has signs or symptoms of this condition.

If you think that you may have syphilis and are pregnant (or plan to get pregnant), contact your provider right away so you can be tested for syphilis.

Prevention

Safer sexual practices help prevent the spread of syphilis. If you suspect you have a sexually transmitted disease such as syphilis, seek medical attention right away to avoid complications like infecting your baby during pregnancy or birth.

Prenatal care is very important. Routine blood tests for syphilis are done during pregnancy. These tests help identify infected mothers so they can be treated to reduce the risks to the infant and themselves. Infants born to infected mothers who received proper antibiotic treatment during pregnancy are at minimal risk for congenital syphilis.

Alternative Names

Fetal syphilis

References

Centers for Disease Control and Prevention website. Syphilis. About congenital syphilis.

www.cdc.gov/syphilis/about/about-congenital-syphilis.html [https://www.cdc.gov/syphilis/about/about-congenital-syphilis.html]

. Last reviewed April 8, 2024. Accessed June 19, 2024.

Dobson SR, Sánchez PJ. Syphilis. In: Cherry JD, Harrison GJ, Kaplan SL, Steinbach WJ, Hotez PJ, eds. *Feigin and Cherry's Textbook of Pediatric Infectious Diseases*. 8th ed. Philadelphia, PA: Elsevier; 2019:chap 144.

Michaels MG, Williams JV. Infectious diseases. In: Zitelli BJ, McIntire SC, Nowalk AJ, Garrison J, eds. *Zitelli and Davis' Atlas of Pediatric Physical Diagnosis*. 8th ed. Philadelphia, PA: Elsevier; 2023:chap 13.

Review Date 12/31/2023

Updated by: Mary J. Terrell, MD, IBCLC, Neonatologist, Cape Fear Valley Medical Center, Fayetteville, NC. Review provided by VeriMed Healthcare Network. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team.

[Learn how to cite this page](#)



A.D.A.M., Inc. is accredited by URAC, for Health Content Provider (www.urac.org). URAC's [accreditation program](#) is an independent audit to verify that A.D.A.M. follows rigorous standards of quality and accountability. A.D.A.M. is among the first to achieve this important distinction for online health information and services. Learn more about A.D.A.M.'s [editorial policy](#), [editorial process](#), and [privacy policy](#).

The information provided herein should not be used during any medical emergency or for the diagnosis or treatment of any medical condition. A licensed medical professional should be consulted for diagnosis and treatment of any and all medical conditions. Links to other sites are provided for information only – they do not constitute endorsements of those other sites. No warranty of any kind, either expressed or implied, is made as to the accuracy, reliability, timeliness, or correctness of any translations made by a third-party service of the information provided herein into any other language. © 1997-2025 A.D.A.M., a business unit of Ebix, Inc. Any duplication or distribution of the information contained herein is strictly prohibited.



National Library of Medicine 8600 Rockville Pike, Bethesda, MD 20894 U.S. Department of Health and Human Services
National Institutes of Health