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INDUSTRY STANDARD OF THE PEOPLE'S REPUBLIC OF CHINA

WS 273-2018

Replacing WS 273-2007

Diagnosis for syphilis

(English Translation)

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Foreword

Chapter 6 of this standard is mandatory and the rest are recommended.

This standard was drafted in accordance with the rules given in GB/T 1.1-2009.

This standard replaces WS 273-2007 "Syphilis Diagnostic Criteria".

Compared with WS 273-2007, the main technical changes of this standard are as follows.

- increased the definition of syphilis serum fixation (see 2.3);

-- Increased silver staining of Treponema pallidum (see A.2), Treponema pallidum nucleic

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acid amplification assay (see A.3), Treponema pallidum Rapid test (see A.4.3.5), Treponema pallidum chemiluminescence immunoassay (see A.4.3.6), Treponema pallidum IgM Antibody detection (see A.4.3.8);

- Revised the description of the epidemiological history and clinical manifestations of latent syphilis (see 5.4.1 and 5.4.2, 4.4.1 and 4.4.2 of the 2007 edition);

-- Revised the diagnostic requirements for suspected cases of syphilis, secondary syphilis, tertiary syphilis, and latent syphilis (see 6.1.1, 6.2.1, 6.3.1) 6.4.1, 6.1.1, 6..2.1, 6.3.1, 6.4.1) of the 2007 edition;

-- Revised the diagnostic requirements for fetal syphilis (see 6.5.1 and 6.5.2, 2007 editions 6.5.1 and 6.5.2).

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1 Scope

This standard specifies the diagnostic basis, diagnostic principles, diagnosis and differential diagnosis of syphilis.

This standard is applicable to the diagnosis of syphilis by various medical and health institutions at all levels and their medical staff.

2 Terms and definitions

The following terms and definitions apply to this document.

Syphilis

Treponema pallidum subp. pallidum (also known as Treponema pallidum) infects human body A systemic, chronic sexually transmitted disease that can cause damage to multiple organs and multiple organs in the human body, resulting in a variety of clinical manifestations, leading to tissue breakage Bad, dysfunctional, and even life-threatening.

Prozone phenomenon

In non-treponema pallidum serological tests (such as RPR test), because the serum antibody level is too high, the proportion of antigen-antibody is inappropriate, and A false negative or weak positive result occurs, and the serum is diluted and then serologically tested. A positive result is called a prozone phenomenon. this phenomenon Clinically, it mainly occurs in patients with secondary syphilis.

Syphilis serum fixed syphilis serofast Patients with syphilis were treated with standardized

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anti-syphilis treatment and follow-up for a certain period of time (one-year syphilis follow-up for 1 year, secondary syphilis followed for 2 years, late plum) the venom serological test was maintained at a certain titer (usually 1.8 or below, but not more than 1.8).

Exclusion of reinfection, neurosyphilis, cardiovascular syphilis and biological false positives, ie syphilis serum fixation.

3 Abbreviations

The following abbreviations apply to this document.

CLIA. chemiluminescence immunoassay ELISA. enzyme-linked immunosorbent assay FTA-ABS. fluorescent treponemal antibody-absorption PCR. polymerase chain reaction RPR. rapid plasma reaxin ring test (rapid plasma reagin) RT. rapid test (rapid test) TPHA. Treponema pallidum hemagglutination assay TPPA. Treponema pallidum particle agglutination TRUST. toluidine red unheated serum test VDRL. Venexeal disease research laboratory

4.1.1 History of epidemiology

Most have a history of unsafe sex, or a history of sexual partner infection, or a history of multiple sexual partners.

4.1.2 Clinical manifestations

Hard squat. The incubation period is 2 weeks to 4 weeks (average 3 weeks), which is more common in sexual contact sites such as the external genitalia. Initially manifested as a small pimples, gradually Developed into a round or oval shallow ulcer with a diameter of about 1cm ~ 2cm, the boundary is clear, the edge is slightly raised, the ulcer surface is clean; generally a single hair;

The palpation base was tough and cartilage-like; there was no obvious pain or tenderness. Hard squats can also be atypical, or because of secondary bacterial infections, performance it is conscious pain, multiple ulcers, deep or large ulcers, purulent exudate on the ulcer surface, and hard to touch.

Swollen lymph nodes in the groin or affected area. can be unilateral or bilateral, painless, isolated from each other without adhesion, hard, no pus, the surface of the skin has no redness and fever.

4.1.3.1 Dark field microscopy, silver staining test or nucleic acid amplification test

Hard chancreous lesions can be found in effusion or lymph node puncture fluid, and treponema pallidum can be detected by nucleic acid amplification test.

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(See Appendix A.1, A.2, A.3).

4.1.3.2 Non-tremplasmic spirochete serological test

Positive (see A.4.2). If the infection is less than 6 weeks, the test can be negative and should be reviewed after 6 weeks of infection.

4.1.3.3 Treponema pallidum serological test

Positive (see A.4.3). If the infection is less than 4 weeks, the test may also be negative and should be reviewed 4 weeks after infection.

4.2.1 History of epidemiology

Most have a history of unsafe sexual behavior, or a history of sexual partner infection, or a history of multiple sexual partners; or a history of blood transfusion (the donor is an early syphilis patient). can There is a history of syphilis, the disease period is less than 2 years.

4.2.2 Clinical manifestations

Skin lesions. pleomorphic, can simulate a variety of skin lesions, including macules, maculopapular rash, papules, scaly rash and pustular rash, often Generalized symmetry; dark erythema and desquamative rash on the palmar palpebral; wet papules and flattened genital warts in the vulva and perianal; skin lesions are generally non-conscious it may also have itching; mucous membrane spots may occur in the mouth, or mucosal plaques may be present in the genital area; worm-like hair loss may occur. Second stage recurrent syphilis, Skin lesions are limited, the number is small, the shape is singular, often ring-shaped, arched or curved.

The superficial lymph nodes of the whole body can be swollen.

There may be syphilitic bone and joint damage, eye damage, nervous system and other visceral damage.

4.2.3.1 Dark field microscopy, silver staining test or nucleic acid amplification test

Secondary syphilis skin lesions such as flat wet phlegm, wet papules and mucosal plaques, which can be found in septic spirulina, or nucleic acid amplification test Treponema pallidum nucleic acid is positive (see A.1, A.2, A.3).

4.2.3.2 Non-tremplasmic spirochete serological test

Positive (see A.4.2).

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