

# The prevalence of syphilis in pregnant women in Akwa Ibom State, Southern Nigeria

Sir,

I have two comments on the interesting study published by Opone *et al.*<sup>[1]</sup> in May-August 2019 issue of the *Tropical Journal of Obstetrics and Gynaecology*.

First, on employing serology, the authors found that the estimated prevalence of syphilis in a cohort of Nigerian pregnant was 1.98% and the prevalence rates in urban and rural areas were 2.63% and 1.32%, respectively.<sup>[1]</sup> Owing to the presence of the following limitation, I assume that the study results must be handled with cautions. It is worthy to mention that there are different methods to test for syphilis. Studies have shown that polymerase chain reaction (PCR) technique is superior to serology in precisely detecting syphilis.<sup>[2,3]</sup> I presume that if the authors employed PCR instead of serology in the study methodology, more precise estimate of syphilis seroprevalence among Nigerian pregnant would be obtained.

Second, it is noteworthy that there are bidirectional relationships between infection with human immunodeficiency virus (HIV) and many sexually transmitted infections, including syphilis. On one hand, HIV could influence the clinical presentation, treatment outcome, and progression of syphilis. On the other hand, syphilis could increase both plasma and genital HIV RNA levels and, thus, exaggerating the transmissibility of syphilis.<sup>[4]</sup> Indeed, Nigeria is among the sub-Saharan countries involved substantially with HIV epidemic. The recently published data pointed out to the substantial HIV seroprevalence rate (8.5%) among pregnant.<sup>[5]</sup> The determination of HIV status in the studied cohort in Opone *et al.*'s study<sup>[1]</sup> by the diagnostic battery of viral overload and CD4 lymphocyte count measurement would have solicited. Hence, HIV reactivity must be regarded as an important exclusion criterion in the study methodology.

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## Conflicts of interest

There are no conflicts of interest.

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