RESIDENT & FELLOW SECTION

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# Teaching Video NeuroImages: Candy sign

## The clue to the diagnosis of neurosyphilis

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A 45-year-old man presented with rapid progressive cognitive decline and behavioral symptoms. Neurologic examination revealed global cognitive impairment and episodic, nonrhythmic, brief contractions of the left orofacial muscles (video at Neurology.org). Serologic tests for syphilis were positive without HIV coinfection. CSF analysis revealed cell count 15/μL (mononuclear), hyperproteinorrachia (100 mg/dL), normal glycorrachia, intrathecal immunoglobulin G synthesis (index-3.09), oligoclonal bands (type 2), and venereal disease research laboratory titer of 1/4. MRI revealed bilateral nonspecific white matter changes. Although rare and seldom documented, this dyskinesia, coined candy sign, is considered pathognomonic of neurosyphilis.[1] Improvement with penicillin was observed, but response to treatment seems to be variable.[2]

### AUTHOR CONTRIBUTIONS

João Pedro Marto, Cláudia Borbinha, Tânia Lampreia: drafting the manuscript. Luísa Alves, Miguel Viana-Baptista: critical revision. All authors approved the final version.

### STUDY FUNDING

No targeted funding reported.

### DISCLOSURE

The authors report no disclosures relevant to the manuscript. Go to Neurology.org for full disclosures.

### REFERENCES

1. Martinelli P, Rizzo G, Scaglione C, Capellari S. Neurosyphilis orofacial dyskinesia: the candy sign. Mov Disord 2013;28:246–247.
2. Shah BB, Lang AE. Acquired neurosyphilis presenting as movement disorders. Mov Disord 2013;27:690–695.

**Supplemental data at Neurology.org**

**Download teaching slides: Neurology.org**

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