neurosyphilis with meningeal involvement is rare but would present with inflammation. This case represents a rare case of secondary syphilis pre-initial site of infection (as sometimes represented by a primary chancre) and most commonly presents with skin rashes, alopecia and lymphadenopathy. Secondary syphilis represents haematogenous dissemination from the patient had regained weight and steroids were tapered. The patient subsequently treated with intramuscular penicillin-G. Within two weeks, the titre of 1:32. Secondary syphilis was confirmed and the patient was subsequently requested for testing as a potential contact. It was performed and showed no evidence of temporal arteritis. Onemonth and a plan was made for weaning of the steroids. Temporal artery biopsy was subsequently obtained. Inflammatory markers remained at similar levels to those previous. His examination revealed a tender, thickened and hyperaesthetic temporal area. Inflammatory markers remained elevated with ESR 32 mm/hr and a focal syrinx, space occupying lesion and multiple sclerosis were considered and ultimately excluded on the serial imaging and clinical progress. Biopsy was not considered a possible or safe option. Although usually a late manifestation of SLE, transverse myelitis can occur at presentation. Interestingly, a longitudinally extensive transverse myelitis has been reported as a phenomenon purely related to underlying SLE but is most commonly seen in neuromyelitis optica or NMO-spectrum disorders which occur in higher frequency in patients who also suffer from SLE. Therefore, it is helpful to perform gadolinium-enhanced MRI spine and antibody profile for neuromyelitis optica spectrum disorders. A sensory level with spastic lower limb weakness and sphincter disturbance is usually the most common presentation, but a thoracic or cervical sensory...
level can be affected in some patients. Aggressive early treatment is associated with better recovery. In with anti-phospholipid antibodies (which this patient did not have), anticoagulation combined with glucocorticoids and immunosuppressive treatment may achieve an improved outcome.

**Key Learning Points:** Transverse myelitis is a rare complication of systemic lupus erythematosus. Transverse myelitis can occur even when other parameters of SLE are quiescent. On neuroimaging alone, it can be difficult to distinguish causes of spinal cord inflammation and treatment decisions may need to be made on the basis of most likely diagnosis from imaging, history and risk factors and monitored over time.

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