Continue

Rpr test means

A rapid plasma reagin (RPR) test screens you for syphilis, a sexually transmitted infection (STI). It's a simple blood test that checks for unique syphilis antibodies. The RPR test might not give clear results on its own. So, it's usually followed by other screenings. Talk to your doctor about an RPR test if you think you might have syphilis. (Photo Credit: iStock/Getty Images) The RPR and the venereal disease research laboratory (VDRL) tests are both screening tests for syphilis. They have the same purpose, and both have positive/negative results. But the technique and reagents they use are different.RPR is usually easier to perform than VRDL and gives quicker results. Both tests detect nonspecific antibodies that may be present in your blood if you have syphilis.Syphilis is an STI that's typically spread through contact with someone’s infected sores during unprotected sex. The syphilis bacterium is called Treponema pallidum. It enters your body through your mucous membranes or cuts or abrasions on your skin.Syphilis has four stages. Each has its own set of symptoms. If untreated, it can become deadly. Early treatment can cure syphilis completely before your symptoms worsen. Symptoms. Your doctor may recommend an RPR test if you begin showing syphilis symptoms after having sex with someone with syphilis. These symptoms include:Sores, called chancres, at the infection siteRashesFeverSwollen lymph nodesHeadachesMuscle achesFatigueSymptoms in the final stages of syphilis include loss of feeling, paralysis, blindness, dementia, and death.Treatment. Syphilis can be cured in the primary stage with a single dose of long-acting penicillin or other antibiotics if you're allergic to penicillin. Later stages of syphilis require long-term antibiotic treatment.An RPR test simply requires a blood sample. If you might have syphilis, don't have sex with anyone until you are sure that you don't have it. You can unknowingly put others at risk for infection if your results are positive.Preparation for a blood test. Certain blood tests may require you to fast beforehand or stop taking certain medications. Your doctor will give instructions on how to prepare for the RPR test. Most RPR tests don't require any special preparation.Procedure. Blood will be drawn from the back of your hand or the inside of your elbow. The site will be cleaned with antiseptic to prevent dirt and bacteria from getting into the puncture.Your doctor may wrap an elastic band on your upper arm to cause your veins to swell with blood. Then, they'll insert a needle to draw out the necessary amount of blood. A bandage will be placed on your injection site to stop any bleeding.Your test results are typically available 7-10 days after your blood is taken. You'll need to be cautious during that time to minimize potential infections.Risks. There are a few risks when having blood drawn. These include:A lot of bleeding at the injection siteLightheadedness or faintingHematoma (buildup of blood under the skin)InfectionMultiple punctures to locate the veinNegative results. A negative result may mean you don't have syphilis or have recovered if you've had it previously. Depending on the stage of syphilis, the RPR test may produce false-negative results. Positive results. You may have syphilis if the RPR test results are positive. Further testing is often required to confirm a positive diagnosis and that the test wasn't a false-positive. Abnormal results, false-negative. Certain factors may cause you to receive false-negative results on the RPR test:You are in the early or late stages of syphilis.It has been less than 14- 21 days since the infection.You drank alcohol within 24 hours of the RPR test.Additional testing will be required to rule out syphilis as the cause if your results are questionable or the symptoms persist.Abnormal results, false-positive. The following conditions can make the RPR test appear positive for syphilis:PregnancyAutoimmune diseasesIntravenous drug useTuberculosisChronic liver diseaseRecent vaccinationsInflammation of the heart lining or valvesRickettsial infections (typhus, Rocky Mountain spotted fever)There are other tests used to screen for syphilis. Several others are used to confirm a diagnosis.Venereal disease research laboratory (VDRL) test. This screening test checks your blood or spinal fluid for syphilis antibodies. Like the RPR test, the VDRL test can be inaccurate. Rapid immunochromatographic test. This screening test also checks for syphilis antibodies. The blood sample can be taken and analyzed during a regular doctor visit.Tests to confirm a syphilis infection include:Enzyme immunoassay (EIA) test: This test is often paired with an RPR or VDRL test.Fluorescent treponemal antibody absorption (FTA-ABS) test: This test checks for antibodies after the first three to four weeks of infection.Treponema pallidum particle agglutination assay (TPPA): This test checks for antibodies and is often paired with an initial screening.Darkfield microscopy: This test looks at a syphilis germ in a sample of fluid or tissue under a microscope. It is typically used in the early stages.Microhemagglutination assay (MHA-TP): This test is often done after another test gives a positive result.What if my RPR test is reactive?That indicates the presence of antibodies in your blood and suggests you may have a syphilis infection. But a reactive RPR doesn't always mean you have syphilis, as false-positive results can happen sometimes. More tests are needed to confirm whether you have syphilis. Does RPR detect past infection?It's possible. RPR by itself can't tell the difference between a past and current syphilis infection.What is the difference between RPR and syphilis antibody tests?RPR is a quick screening tool that may show possible syphilis infection, while the syphilis antibody test is used to confirm whether you have syphilis.What STDs and other health issues can be mistaken for syphilis?Genital herpes is an STD that's sometimes confused with syphilis. Syphilis can also be mistaken for eczema, psoriasis, pityriasis rosea, drug reactions, Rocky Mountain spotted fever, contact dermatitis, and erythema multiforme. A rapid plasma reagin (RPR) test screens you for syphilis, a sexually transmitted infection (STI). It's a simple blood test that checks for unique syphilis antibodies. The RPR test might not give clear results on its own. So, it's usually followed by other screenings. Talk to your doctor about an RPR test if you think you might have syphilis. (Photo Credit: iStock/Getty Images) The RPR and the venereal disease research laboratory (VDRL) tests are both screening tests for syphilis. They have the same purpose, and both have positive/negative results. But the technique and reagents they use are different.RPR is usually easier to perform than VRDL and gives quicker results. Both tests detect nonspecific antibodies that may be present in your blood if you have syphilis.Syphilis is an STI that's typically spread through contact with someone’s infected sores during unprotected sex. The syphilis bacterium is called Treponema pallidum. It enters your body through your mucous membranes or cuts or abrasions on your skin.Syphilis has four stages. Each has its own set of symptoms. If untreated, it can become deadly. Early treatment can cure syphilis completely before your symptoms worsen. Symptoms. Your doctor may recommend an RPR test if you begin showing syphilis symptoms after having sex with someone with syphilis. These symptoms include:Sores, called chancres, at the infection siteRashesFeverSwollen lymph nodesHeadachesMuscle achesFatigueSymptoms in the final stages of syphilis include loss of feeling, paralysis, blindness, dementia, and death.Treatment. Syphilis can be cured in the primary stage with a single dose of long-acting penicillin or other antibiotics if you're allergic to penicillin. Later stages of syphilis require long-term antibiotic treatment.An RPR test simply requires a blood sample. If you might have syphilis, don't have sex with anyone until you are sure that you don't have it. You can unknowingly put others at risk for infection if your results are positive.Preparation for a blood test. Certain blood tests may require you to fast beforehand or stop taking certain medications. Your doctor will give instructions on how to prepare for the RPR test. Most RPR tests don't require any special preparation.Procedure. Blood will be drawn from the back of your hand or the inside of your elbow. The site will be cleaned with antiseptic to prevent dirt and bacteria from getting into the puncture.Your doctor may wrap an elastic band on your upper arm to cause your veins to swell with blood. Then, they'll insert a needle to draw out the necessary amount of blood. A bandage will be placed on your injection site to stop any bleeding.Your test results are typically available 7-10 days after your blood is taken. You'll need to be cautious during that time to minimize potential infections.Risks. There are a few risks when having blood drawn. These include:A lot of bleeding at the injection siteLightheadedness or faintingHematoma (buildup of blood under the skin)InfectionMultiple punctures to locate the veinNegative results. A negative result may mean you don't have syphilis or have recovered if you've had it previously. Depending on the stage of syphilis, the RPR test may produce false-negative results. Positive results. You may have syphilis if the RPR test results are positive. Further testing is often required to confirm a positive diagnosis and that the test wasn't a false-positive. Abnormal results, false-negative. Certain factors may cause you to receive false-negative results on the RPR test:You are in the early or late stages of syphilis.It has been less than 14- 21 days since the infection.You drank alcohol within 24 hours of the RPR test.Additional testing will be required to rule out syphilis as the cause if your results are questionable or the symptoms persist.Abnormal results, false-positive. The following conditions can make the RPR test appear positive for syphilis:PregnancyAutoimmune diseasesIntravenous drug useTuberculosisChronic liver diseaseRecent vaccinationsInflammation of the heart lining or valvesRickettsial infections (typhus, Rocky Mountain spotted fever)There are other tests used to screen for syphilis. Several others are used to confirm a diagnosis.Venereal disease research laboratory (VDRL) test. This screening test checks your blood or spinal fluid for syphilis antibodies. Like the RPR test, the VDRL test can be inaccurate. Rapid immunochromatographic test. This screening test also checks for syphilis antibodies. The blood sample can be taken and analyzed during a regular doctor visit.Tests to confirm a syphilis infection include:Enzyme immunoassay (EIA) test: This test is often paired with an RPR or VDRL test.Fluorescent treponemal antibody absorption (FTA-ABS) test: This test checks for antibodies after the first three to four weeks of infection.Treponema pallidum particle agglutination assay (TPPA): This test checks for antibodies and is often paired with an initial screening.Darkfield microscopy: This test looks at a syphilis germ in a sample of fluid or tissue under a microscope. It is typically used in the early stages.Microhemagglutination assay (MHA-TP): This test is often done after another test gives a positive result.What if my RPR test is reactive?That indicates the presence of antibodies in your blood and suggests you may have a syphilis infection. But a reactive RPR doesn't always mean you have syphilis, as false-positive results can happen sometimes. More tests are needed to confirm whether you have syphilis. Does RPR detect past infection?It's possible. RPR by itself can't tell the difference between a past and current syphilis infection.What is the difference between RPR and syphilis antibody tests?RPR is a quick screening tool that may show possible syphilis infection, while the syphilis antibody test is used to confirm whether you have syphilis.What STDs and other health issues can be mistaken for syphilis?Genital herpes is an STD that's sometimes confused with syphilis. Syphilis can also be mistaken for eczema, psoriasis, pityriasis rosea, drug reactions, Rocky Mountain spotted fever, contact dermatitis, and erythema multiforme. PurposeProcedureRisksResultsFollow-upA rapid plasma reagin (RPR) test is a blood test used to screen you for syphilis. It works by detecting the nonspecific antibodies that your body produces while fighting the infection.Syphilis is a sexually transmitted infection (STI) caused by the spirochete bacterium Treponema pallidum. It can be fatal if left untreated. Combined with specific antibody testing, the RPR test allows your doctor to confirm the diagnosis of active infection and start your treatment. This reduces the chances of complications and the spread of the disease by an infected but unaware person.Your doctor may order an RPR test for several reasons. It’s a quick way to screen those at high risk for syphilis. Your doctor may also order this test if you have syphilis-like sores or a rash. Doctors also routinely screen pregnant women for syphilis using an RPR test.States used to require that people who are applying for a marriage certificate get a screening test for syphilis. The only state that still requires a blood test of any type is Montana, and a syphilis test is no longer included.The RPR test measures antibodies that are present in the blood of someone who has syphilis, rather than the bacterium that causes the disease. It can also be used to check the progress of treatment for active syphilis.After a course of effective antibiotic therapy, your doctor would expect to see the number of antibodies drop, and an RPR test could confirm this.Doctors obtain blood for the RPR test with a simple procedure called a venipuncture. This can be done in your doctor’s office or a lab. You don’t need to fast or take any other special measures before this test. The test involves the following steps:A healthcare provider will ask you to sit in a comfortable chair or lie down on a cot or a gurney.They then tie rubber tubing around your upper arm to help make your veins stand out. When they find your vein, they will swab the spot with rubbing alcohol to cleanse it and insert a needle into the vein. The needle may produce a sudden, sharp pain, but it typically doesn’t last long.Once they have the blood sample, they’ll remove the needle from your vein, hold pressure on the puncture site for a few seconds, and offer you a bandage.Venipuncture is minimally invasive and carries very few risks. Some people complain of soreness, bleeding, or bruising after the test. You can apply an ice pack to the puncture wound to help relieve these symptoms.Some people may become light-headed or dizzy during the test. Tell the healthcare provider if your dizziness lasts longer than a few minutes.A normal RPR blood sample shows no antibodies typically produced during an infection. However, your doctor cannot completely rule out syphilis if they see no antibodies. Once you’ve been infected, it takes some time for your immune system to create antibodies. Shortly after infection, a test may not yet show any antibodies. This is known as a false negative.False negatives tend to be more common in the initial and end stages of infection. Among people who are in the secondary (middle) stage of infection, the RPR test result is nearly always positive.The RPR test also can produce false-positive results, suggesting you have syphilis when you actually don’t. One reason for a false positive is the presence of another disease that produces antibodies similar to the ones produced during a syphilis infection.A few of the conditions that can cause a false positive include the following:One small study found that Moderna COVID vaccine may cause some false positive RPR results.If your result is negative, your doctor may ask you to wait a few weeks and then return for another test if you’re at a higher risk for syphilis. This is because of the RPR test’s potential for a false negative.Due to the risk of false-positive results, your doctor will confirm the presence of syphilis with a second test, one that is specific for antibodies against the bacterium that causes syphilis, before starting your treatment. One such test is called the fluorescent treponemal antibody-absorption (FTA-ABS) test.Your doctor will start you on antibiotic treatment, usually penicillin injected into the muscle, if your RPR and FTA-ABS test both show signs of syphilis. New infection usually responds to treatment quickly.At the end of treatment, your doctor will most likely recommend that you get another RPR test to make sure your antibody levels are dropping. Updated by: Jatin M. Vyas, MD, PhD, Associate Professor in Medicine, Harvard Medical School; Associate in Medicine, Division of Infectious Disease, Department of Medicine, Massachusetts General Hospital, Boston, MA. Also reviewed by David C. Dugdale, MD, Medical Director, Brenda Conaway, Editorial Director, and the A.D.A.M. Editorial team. Page 2Dean AJ, Lee DC. Bedside laboratory and microbiologic procedures. In: Roberts JR, Custalow CB, Thomsen TW, eds. Roberts and Hedges' Clinical Procedures in Emergency Medicine and Acute Care. 7th ed. Philadelphia, PA: Elsevier; 2019:chap 67.Feirstein J. Venipuncture. In: Dehn R, Asprey D, eds. Essential Clinical Procedures. 4th ed. Philadelphia, PA: Elsevier; 2021:chap 31.Patel K, Jones PM. Specimen collection and processing. In: Rifai N, Chiu RWK, Young I, Burnham Carey-Ann D, Wittwer CT, eds. Tietz Textbook of Laboratory Medicine. 7th ed. St Louis, MO: Elsevier; 2023:chap 4.Page 3Iancu-Rubin C, Cantor AB. Thrombocytopoiesis. In: Hoffman R, Benz EJ, Silberstein LE, et al, eds. Hematology: Basic Principles and Practice. 8th ed. Philadelphia, PA: Elsevier; 2023:chap 29.Schafer AI. Approach to the patient with bleeding and thrombosis. In: Goldman L, Schafer AI, eds. Goldman-Cecil Medicine. 26th ed. Philadelphia, PA: Elsevier; 2020:chap 162.Page 4HOW CHEMOTHERAPY IS GIVENDepending on the type of cancer and where it is found, chemotherapy medicines may be given different ways, including:Injections or shots into the musclesInjections or shots under the skinInto an arteryInto a vein (intravenous, or IV)Pills taken by mouthShots into the fluid around the spinal cord or brain When chemotherapy is given over a longer period, a thin catheter can be placed into a large vein near the heart. This is called a central line. The catheter is placed during a minor surgery.There are many types of catheters, including:A central line can stay in the body over a long period of time. It will need to be flushed on a periodic basis to prevent blood clots from forming inside the central line.Different chemotherapy medicines may be given at the same time or after each other. Radiation therapy may be received before, after, or during chemotherapy. Chemotherapy is most often given in cycles. These cycles may last 1 day, several days, or a few weeks or more. There will usually be a rest period when no chemotherapy is given between each cycle. A rest period may last for days, weeks, or months. This allows the body and blood counts to recover before the next dose.Often, chemotherapy is given at a special clinic or at the hospital. DIFFERENT TYPES OF CHEMOTHERAPYThe different types of chemotherapy include:Standard chemotherapy, which works by killing cancer cells and some normal cells.Targeted therapy, which targets a specific part of cancer cells.Immunotherapy, which uses the immune system to attack cancer cells.SIDE EFFECTS OF CHEMOTHERAPYBecause these medicines travel through the blood to the entire body, chemotherapy is described as a bodywide treatment.As a result, chemotherapy may damage or kill some normal cells. These include bone marrow cells, hair follicles, and cells in the lining of the mouth and the digestive tract.When this damage occurs, there can be side effects. Some people who receive chemotherapy:Are more likely to have infectionsBecome tired more easilyFeel pain or numbness from nerve damageHave a dry mouth, mouth sores, or swelling in the mouthHave a poor appetite or lose weightHave an upset stomach, vomiting, or diarrheaLose their hairHave problems with thinking and memory ("chemo brain") Side effects of chemotherapy depend on many things, including the type of cancer and which drugs are being used. Each person reacts differently to these drugs. Some newer chemotherapy drugs that better target cancer cells may cause fewer or different side effects.Your health care provider will explain what you can do at home to prevent or treat side effects. These measures include:Being careful with pets and other animals to avoid catching infections from themEating enough calories and protein to keep your weight upPreventing bleeding, and what to do if bleeding occursEating and drinking safelyWashing your hands often with soap and water You will need to have follow-up visits with your provider during and after chemotherapy. Blood tests and imaging tests, such as x-rays, MRI, CT, or PET scans will be done to:Monitor how well the chemotherapy is workingWatch for damage to the heart, lungs, kidneys, blood, and other parts of the body