two HIV-infected patients with disseminated *P marneffei* infection has been reported.[4] In the patient described here, the initial genital ulcers might have been caused by inoculation. The exact mode of inoculation could not be elicited from the history given by the patient. It is possible that the organism was inoculated to the patient's genitalia from an infected partner during sexual intercourse. Transmission may also be possible through oral sex, as oral mucosal lesions are known to occur in HIV-infected patients with disseminated *P marneffei* infection.[5 6] Thereafter, in the absence of treatment, dissemination might have occurred through regional lymphatics, facilitated by the immunosuppressed state of the patient.

A detailed search of the literature (available standard textbooks and Pubmed search of English publications) did not indicate the sexual route as a mode of transmission of this organism. The presentation of this HIV-infected patient with *P marneffei* infection is interesting. The genital lesions caused diagnostic difficulty because it simulated traditional sexually transmitted genital ulcers. The localised lesions on genitalia without evidence of initial dissemination led us to assume that the patient might have contacted the infection by inoculation during a sexual act with an infected partner. Hence, this can be a mode of acquiring infection with *P marneffei* in patients with high-risk behaviour.

Vamseedhar Annam
Department of Pathology, BLDEA's SBMP Medical College, Hospital & Research Centre, Bijapur, Karnataka, India

Arun C Inamadar, Aparna Palit
Department of Dermatology, Venereology & Leprosy, BLDEA's SBMP Medical College, Hospital & Research Centre, Bijapur, Karnataka, India

Mallikarjun Koppad, B V Peerapur
Department of Microbiology, BLDEA's SBMP Medical College, Hospital & Research Centre, Bijapur, Karnataka, India

B R Yelikar
Department of Pathology, BLDEA's SBMP Medical College, Hospital & Research Centre, Bijapur, Karnataka, India

Correspondence to: Dr A C Inamadar, Department of Dermatology, Venereology & Leprosy, BLDEA's SBMP Medical College, Hospital & Research Centre, Ashram Road, Bijapur 586103, Karnataka, India; aruninamadar@rediffmail.com

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Do phosphodiesterase 5 inhibitors promote onward transmission of HIV in men who have sex with men?

Men with HIV report sexual problems.[1] There is a suggestion from the National Survey of Sexual Attitudes and Lifestyles (UK) database that erectile dysfunction rates may be higher in young men who have sex with men (MSM; 15%) than in heterosexual men (6%; personal communication with Cath Mercer). Data from a large convenience study in the US would seem to corroborate this, and also show that MSM are more concerned about sexual performance failure.[2]

The causes of sexual problems in men include psychosocial issues (eg, adjustment period after diagnosis, anxiety and depression), concomitant drugs (eg, antidepressants) and use of recreational drugs and side effects from highly active antiretroviral therapy itself (autonomic and peripheral neuropathies and accelerated arteriosclerosis).[1] A typical clinical scenario is an HIV-infected MSM who has erectile dysfunction. He tells you his erection is adequate for penetrative anal sex if he does not use a condom. Logic would suggest that prescribing a phosphodiesterase 5 inhibitor (PDE5i) would enable him to have safer sex by facilitating condom use.

Unfortunately, the available evidence is contrary to this hypothesis, and suggests that use of PDE5i in MSM is associated with unsafe sex.[3] Specifically, in most of these studies, there is concomitant use of recreational drugs such as ''crystal meth'' (methamphetamine) and cocaine. These cause both increased sexual desire centrally and penile vasoconstriction. Furthermore, PDE5i have been reported, in isolated use, to increase anxiety and aggression.[4] It is thus plausible that the combination of recreational drugs and PDE5i causes dysinhibition, leading to unsafe sex.

It has been suggested that MSM who use PDE5i to increase sexual performance fuel onward transmission of sexually transmitted infections including HIV. Furthermore, it has been reported that MSM obtain PDE5i not from healthcare workers, but from non-conventional routes—for example, the internet or peers—making the controllability of this phenomenon complex.[5]

Although it is the right of any patient with sexual problems not to be denied appropriate treatment for his condition, it is also the duty of the prescribing doctor to point out the dangers of concomitant recreational drug use and the great value to individuals and the community to use condoms for penetrative anal sex. We would suggest that, if identified, MSM using a non-prescribed PDE5i along with other recreational products are a potential target for safer sex intervention strategies.

Daniel Richardson
Lawson Unit, Royal Sussex County Hospital, Brighton, UK

David Goldmeier, Charlotte Bell, Harpal Lamba
Jefferiss Wing, St Mary's Hospital, London, UK

Correspondence to: Dr D Richardson, Lawson Unit, Royal Sussex County Hospital, Brighton BN2 5BE, UK; daniel.richardson@bsuh.nhs.uk

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CORRECTION

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Several errors occurred in the article by N Dickson, T van Roode, P Herbison, *et al* in the April 2007 issue of the journal (*Sex Transm Infect* 2007;**83**:87–90). The corrected article is now on our website and differs from the print version.