conditions such as HIV/AIDS, tuberculosis, diabetes, hypertension, family planning and asthma. Available records indicated that FSW still patronised 14 of these clinics. Overall, there has been marginal increase in the FSW attendance compared with statistics during the time of the project.
Conclusion The integration of the STI intervention project into the primary level of care in the Ghana Health Services is a success. FSW like other clients who patronise health facilities deserve equal dignity, respect and quality care.
Disclosure of interest statement No conflict of interest.

P12.14 CLINICAL DESCRIPTIONS OF PCR POSITIVE EARLY SYPHILIS INFECTIONS

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Background Globally, syphilis remains a major and resurgent public health problem with high incidence rates in many settings, including among men who have sex with men (MSM). Left untreated, syphilis can lead to further transmission, morbidity and enhanced Human Immunodeficiency Virus (HIV) transmission. A primary chancre is classically described as an indurated single painless ulcer at the site of *Treponema pallidum* inoculation. However, recent clinical experience is that primary syphilis can present atypically, as multiple and/or painful ulcers with features suggestive of genital herpes. We aimed to describe serology and *Treponema pallidum* polymerase chain reaction (Tp PCR) positive lesions of primary syphilis in men, the rates of painful or multiple lesions, whether there was concurrent genital *Herpes simplex* virus (HSV) infection and whether concurrent HIV infection altered the presentation.
Methods Tp PCR positive results with confirmatory syphilis serology and HSV PCR results reported by VIDRL were identified and compared to MSHC medical records over a five-year period from 2010 to 2014.
Results 183 patients fulfilled the criteria of Tp PCR positive primary syphilis. Primary syphilis lesions were frequently painful (49.2%) or multiple (37.7%), and were infrequently associated with HSV (2.7%). Presentation was not significantly altered by HIV status. Anal lesions were more common in HIV positive men (34.2%) than in HIV negative men (11.6%). Syphilis reinfections were more common in HIV positive men (39.5%) than in HIV negative men (11.7%).
Conclusion Tp PCR is a useful tool to confirm syphilis as a cause of genital lesions and positivity may precede serological markers. Early syphilis lesions may be clinically misidentified as HSV infection if syphilis is not considered. Awareness of the clinical variability of primary syphilis lesions should be included in health promotion messages to the public and health care providers.
Disclosure statement There are no conflicts of interest.

P12.15 PENILE PAPULONECROTIC TUBERCULOSIS: IS IT A SEXUALLY TRANSMITTED DISEASE?

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Introduction Ulcertaive lesions of tuberculosis on penis have been classified as papulonecrotic tuberculids, though clinical presentation and absence of generalised involvement suggest that it is sexually transmitted inoculation tuberculosis.
Methods All patients with penile papulonecrotic tuberculosis (PPNT) presented during past 5 years and their wives were investigated for pulmonary and extra-pulmonary tuberculosis including reproductive tract tuberculosis (RTB). All histopathologically diagnosed patients were treated with anti-tubercular therapy (ATT) and followed up.
Results Seven patients, aged between 21–30 years, all married, were diagnosed with PPNT based on caseating epithelioid cell granulomas in histopathology. They presented with recurrent genital ulcers for the duration ranging from 3–8 years. These would start as asymptomatic papulopustules over the glans penis/prepuce which would breakdown to form painful ulcers in 1–2 weeks and heal with scarring in another 2–3 weeks. Five patients were diagnosed in the past as genital herpes due to episodic nature and received suppressive antiviral therapy without any response. All the patients denied any premarital or extra marital sexual contact or oral insertive sex. A dramatic response was seen in PPNT lesions within 4–8 weeks of starting ATT.

There was a history of primary infertility due to RTB in the spouses of two patients. Spouse of one patient conceived after a course of ATT.

Mantoux test was strongly positive in all, and PCR for Mycobacterium Tuberculosis was positive in 3 patients. HIV serology and VDRL were negative. No internal focus of tuberculosis was found.
Conclusion Several features suggest that penile tuberculide may actually be sexually acquired implantation tuberculosis. The PPNT is an isolated disease without involvement of other parts. The concurrent RTB in the spouse raises the possibility of it being sexually transmitted. With increasing acceptability of oral sex, the inoculation may take place from sputum of a patient with pulmonary TB. This hypothesis needs genotyping studies to confirm.
Disclosure of interest statement None.

P12.16 OLDER PATIENTS ATTENDING SEXUALLY TRANSMITTED INFECTIONS CLINICS

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Background Many older patients remain sexually active well into their eighth decade of life. Surveillance data suggest that rates of sexually transmitted infections (STIs) in this age group may be increasing. We sought to compare demographics, risk behaviours and predictors of acute infections in patients 50 years and older versus younger patients attending STI clinics in Baltimore, Maryland.
Methods Retrospective study from a large electronic database of all visits to two urban STI clinics between 2005 and 2010. Proportions were compared using the c^2 test. Logistic regression was used to assess predictors of acute STIs in older versus younger groups.
Results 4461 first visits for patients over 50 and 4893 visits for patients under 50 were included in the analysis. Patients over 50 frequently reported high-risk behaviours [35.4% (CI 0.34–0.37) vs. 52.7% (CI 0.51–0.54) in those <50] but they were more