

penetration of antibiotics into abscesses and residual inflammation may delay clinical resolution compared to proctitis cases.

P155 TRANSDERMAL OESTROGEN PREVENTS CYCLICALLY-RECURRENT GENITAL HERPES

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Background Some women suffer cyclical recurrences of genital herpes (c-RGH) immediately prior to menstruation, which are effectively prevented using aciclovir in the luteal phase only. This is more likely to occur in perimenopausal women whose immunity is diminished by premenstrual dysphoric disorder (PMDD), which is treatable with transdermal estradiol.

Aim To observe the frequency of herpes recurrences in women commencing estradiol treatment for perimenopausal PMDD.

Methods 12 perimenopausal women median age 41 years (range 36–45) presented between 2006–15, each meeting the criteria for PMDD subsequently defined in DSM-5. Each had at least 4 consecutive monthly episodes of c-RGH (culture-proven HSV2) before some took luteal-phase aciclovir, then all switched to transdermal 17-beta estradiol gel 0.5mg daily for 14 days in the luteal phase or continuously for those using Mirena. Subjects self-reported mood with a modified daily symptom chart and herpetic symptoms over 9 months follow-up during which no aciclovir was taken pre-emptively. Intention-to-treat analysis included 10 cycles where treatment was omitted in error and both conditions recurred.

Results All women experienced substantial or complete relief of PMDD in all but three treated cycles. Only 13 symptomatic c-RGH episodes occurred on treatment in 108 woman-months' observation.

Abstract P155 Table 1 Estradiol for PMDD

	PMDD	Herpes
Total episodes observed in 9 months (I.T.T.)	13	23
Mean episodes per month Observed/Expected (1.0)	0.12	0.21
Probability (Student's t-Test)	<0.001	<0.01

Conclusion Transdermal estradiol treatment is a novel and biologically plausible method of preventing cyclically-recurrent genital herpes as it stabilises the hormonal milieu and diminishes immune suppression caused by PMDD.

P156 A RARE CASE OF LYMPHANGIOMA CIRCUMSCRIPTUM OF THE PENIS

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Introduction Lymphangioma Circumscriptum (LC) is a vascular malformation resulting from a developmental anomaly of the lymphatic system. The common sites for the anomaly include trunk, axilla, thigh, buttock area and the oral cavity. It is a rare for LC to occur on the penis.

Aim To increase awareness of this rare condition which may mimic sexually transmitted infections such as genital warts.

Methods Review of clinical notes and case presentation.

Results Description of the case: A 47 years old Afro-Caribbean man presented with a long-standing wart-like lesion on the dorsal aspect of his penis. Treatment in the past included cryotherapy and podophyllotoxin. There were no symptoms of itching, bleeding, change in size or pigmentation. The initial clinical impression was a genital wart. However on examination it was smooth to palpation despite its warty appearance. An excision biopsy was performed for both diagnostic and therapeutic purposes. Histology results showed penile LC.

Discussion LC is the commonest superficial type of lymphangiomas. Penile LC is rare and it maybe congenital or acquired. There was no identifiable predisposing factor in our case. LC presents with varying sizes of persistent vesicles, which are saccular dilations arising from underlying lymphatic vessels. Incidence of LC is high soon after birth. The vesicles may undergo verrucous changes and give the appearance of warts and therefore they may be mistaken for genital warts or molluscum contagiosum. Surgical treatment is the mainstay of treatment for LC.

P157 SEXUAL HEALTH & CONTRACEPTION: DEVELOPING A ONE STOP SHOP SERVICE USING A COLLABORATIVE APPROACH BETWEEN A LOCAL AUTHORITY, ACUTE AND COMMUNITY TRUSTS

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Background/introduction This city on the South East coast has a high proportion of young people/LGBT with some of the highest STI/HIV rates in England (2013 gonorrhoea 162.1/100,000; HIV prevalence 8/1,000). GUM & contraception services were historically provided by two separate NHS Trusts. Transfer of public health responsibility to the Local Authority (LA) in 2013 led to service review.

Aim(s)/objectives To deliver an efficient and accessible multi-disciplinary sexual health and contraception service.

Methods City-wide public consultation favoured a one-stop-shop integrated service. Pathway Analytics© sexual health tariff was accepted by LA/providers as a transparent & fair payment mechanism. Following legal advice LA gave the commissioner permission to negotiate a new contract with existing providers, moving to a competitive tender process if unsuccessful.

Results The contract was awarded to existing providers in April 2015. The local Sexual Health Programme Board ensured all stakeholders were engaged in service review. A staged approach was followed to deliver an integrated service. The tariff was introduced allowing fair remuneration for combined services at diverse sites across the city. Trusts have established a steering group to ensure safe governance across legal, financial & clinical frameworks & robust risk management processes across both organisations.

Discussion/conclusion Innovative thinking by the LA allowed service re-design by negotiation with existing providers avoiding a competitive tender process. Good working relationships within the sexual health network allowed a collaborative approach to service improvement. Despite the challenges of two Trusts working together with different organisational accountabilities, a 'one-stop-shop model' has been successfully introduced without destabilising HIV services.