BACKGROUND
Breath of neonatal skin by obstetric procedures during delivery increases risk of neonatal herpes among infants of women with genital HSV infections. We hypothesised that knowledge of genital HSV infection by clinical history or antibody tests (GH/HSV-2) prior to delivery would result in reduced use of invasive obstetric procedures, and we explored whether use of invasive procedures in infected women on suppressive antiviral therapy was similar to use in women without infection.

METHODS
We reviewed 750 consecutive deliveries at an academic medical center in 2006; routine prenatal testing included HSV-1 and HSV-2 serostatus. The primary outcome was a composite of invasive delivery procedures (fetal scalp electrodes, artificial rupture of membranes, intratracheal pressure catheter, vacuum extraction or forceps extraction) among women with vs without GH/HSV-2. Women with planned c-sections, multiple gestation pregnancy, or genital herpes lesions at term were excluded.

RESULTS
453 women, including 35 with a history of genital herpes (24 with HSV-2, 11 with HSV-1) and 59 with HSV-2 antibody but no history of genital herpes, were included in the analysis. Of the 94 women with GH/HSV-2, 56 (59.6%) received suppressive antiviral therapy. Among the 58 women with GH/HSV-2 not on suppressive therapy, 15 (26.3%) had an invasive obstetric procedure at delivery compared with 204 (57%) of 359 women without GH/HSV-2 (OR=0.50; 95% CI: 0.25 to 0.93). In contrast, no difference in unplanned c-sections was observed by GH/HSV-2 status (29% vs 28%). Among the 56 women with GH/HSV-2 treated with antiviral therapy, the risk of invasive procedures was similar to that of women without GH/HSV-2, 62.5% vs 57% (OR=1.27; 95% CI 0.71 to 2.26).

CONCLUSION
Women with known genital herpes or HSV-2 positivity are less likely to undergo invasive procedures that increase the risk of neonatal herpes. However, obstetricians do not appear to avoid these procedures in women who are on suppressive therapy. These data suggest physicians who know their patients’ HSV-2 status in pregnancy alter their behaviour to maintain the integrity of neonatal skin. Given the frequency of breakthrough HSV-2 shedding on suppressive antiviral therapy, and the occurrence of neonatal herpes in infants born to women on suppressive therapy, the high frequency of invasive procedure use among women on antiviral therapy is concerning.

Clinical sciences poster session 3: HIV

**P3-S3.02 REITER’S SYNDROME IN ASSOCIATION WITH HIV INFECTION: REPORT OF THREE CASES**

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INTRODUCTION
Reiter’s syndrome is a relatively rare, non-suppurative, sero-negative arthropathy seen among young adults with HLAB27. Epidemic (post-enteric) and endemic (sexually acquired) variants of the disease may occur. Reiter’s disease is difficult to manage due to the chronic nature of the disease. The prevalence of Reiter’s syndrome in HIV-infected patients varies between 1.7% and 11.2%. The course of the disease is more severe and progressive in these patients, resulting in more frequent treatment. Here, clinical features and management of three HIV-infected patients with Reiter’s syndrome are described.

CASE REPORTS
Three heterosexual men, age ranging from 20 to 40 years presented with psoriasisiform skin lesions, dystrophic nail changes, and autoimmune arthritis involving bilateral knees, ankles and toes of 3–6 months duration. Two of the patients had asymptomatic balanitis. Skin lesions, keratoderma blennorrhagica, were generalised and severe in one patient and were restricted to extremities in two others. There was no history of preceding gastrointestinal infection or urethritis in any of them. All three patients had a history of unprotected sex with commercial sex workers in the past. They were tested HIV positive (Western blot method) and CD4 T cell count was 550, 489 and 450 respectively. The patients were treated with a combination of indomethacin, sulphasalazine for the arthritis and systemic isoeugenol. Arthritis responded to sulphasalazine and indomethacin. Cutaneous and nail changes resolved after systemic isoeugenol. Long term treatment was required for all patients and one had recurrent flare-up of symptoms.

CONCLUSION
Reiter’s syndrome is one of the causes of rheumatic disorders in HIV-infected patients. Direct etiological role of HIV infection in the development of Reiter’s syndrome is not established. Reiter’s syndrome as a manifestation of immune reconstitution syndrome in an HIV-infected patient has been reported. Clinical severity of the disease may be increased because of underlying immunosuppression. These patients present with therapeutic challenge because of the restricted opportunity to use conventional immunosuppressive therapeutic agents.

**P3-S3.03 CLINICAL PROFILE OF BUSCHKE-LOWENSTEIN TUMOUR IN HIV INFECTED PATIENTS**

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INTRODUCTION
Buschke-Löwenstein tumour (BLT) is a rare Human Pappiloma Virus (HPV)-triggered indolent lesion involving perineal
and/or perianal skin. The lesions are locally invasive and difficult to manage because of the voluminous tissue bulk and recurrence potential. Underlying immune defect in the background of HIV infection may enhance tumour-aggressiveness in these lesions. Three HIV-infected patients with BLT have been reported.

Case reports

Patient 1: A 46-year-old woman presented with a cauliflower-like pink, fleshy mass of 18 months duration, protruding through the anal orifice, causing discomfort and disturbance in defecation. She was HIV-infected, acquired through conjugal relation. In addition to the above lesion, she had multiple genital molluscum contagiosum and Bowenoid papulosis. Her CD4 T cell count was 550 and she was not on antiretroviral therapy (ART). Histopathology of the lesion was suggestive of BLT. The patient was treated with cryotherapy followed by surgical debulking of the lesion. ART was advised. Patient 2: A 35-year-old commercial sex worker presented with a large, variegated growth involving labia minora, extending to perineum, perianal region and lower part of gluteal folds, since last 5 years. There was sudden increase in extant and ulceration of the lesion since last 6 months. In the pubic region she had a conglomerated lesion of multiple condyloma acuminata and multiple Bowenoid papulosis. She was HIV-infected with CD4 T cell count of 660. The lesion was biopsied from multiple sites and histopathological examination was consistent with BLT with grade II squamous cell carcinoma in some specimens. The patient was treated with surgical debulking followed by radiotherapy. Patient 3: A 40-year-old man with history of high risk sexual practices and intravenous drug abuse presented with multiple, fleshy masses over penis, scrotum and perono-scrotal junction, giving rise to deformed appearance of the genitalia. The lesions were present since several years with slow growth. He was HIV positive with a CD4 T cell count of 300. He was on ART since last 6 months. Histopathology of the lesion was suggestive of BLT. The patient was treated with cryotherapy followed by surgery.

Conclusion

HIV-infected patients with Buschke Löwenstein tumour are at a higher risk of developing invasive squamous cell carcinoma because of higher incidence of abnormal anal and genital cytology, presence of HPV-DNA in these cells and a low CD4 T cell count.

P3-S3.05 COTRIMOXAZOLE RESISTANT RESPIRATORY OPPORTUNISTIC PATHOGENS IN HIV AND AIDS PATIENTS IN LAGOS, NIGERIA

doi:10.1136/sextrans-2011-050108.454

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Introduction

Opportunistic infections, viral, bacterial, fungal and parasitic are the most common cause of morbidity and mortality in HIV patients. Of the different antibiotics used for bacterial respiratory tract infections, cotrimoxazole appears to be a drug of choice in most developing countries because of its very low cost. Studies in Ivory Coast showed that cotrimoxazole decreased hospitalisation in 50% of all HIV patients and decreased mortality by 50% when given to HIV positive TB patients. Recently Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis have become increasingly resistant to antibiotics and the rates vary between countries. Aware of the public health importance, the drug resistance patterns on bacterial respiratory opportunistic pathogens from HIV patients in Lagos were studied for better management of HIV in Nigeria.

Methods

310 sputum samples were collected from HIV patients presenting with respiratory complaints at ART clinics in Lagos after due informed consent from the patients and processed in the laboratory within 4 h using standard microbiological methods. Results

57.1% patients were females, 70.5% of the samples grew laboratory within 4 h using standard microbiological methods. 22.9% were infected with H. influenzae, 25.7% with S. pneumoniae and 25.1% with M. catarrhalis. 8.3% Morascella catarrholis, 7.3%, coagulase negative staphylococcus 5.3%. Some Enterobacteriaceae were isolated and 86.8% of isolates were susceptible to oxacin, 80.2% to ciprofloxacin and 12.8% to cotrimoxazole.

Conclusion

Pathogens isolated were susceptible to oxacin, ciprofloxacin but highly resistant to cotrimoxazole, an affordable and widely used drug in African countries. This poses a challenge to management of HIV in Nigeria.
P3-S3.03 Clinical profile of Buschke-Lowenstein tumour in HIV infected patients
R Shivanna

*Sex Transm Infect* 2011 87: A285-A286
doi: 10.1136/sextrans-2011-050108.452

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