

and intravenous hydrocortisone was commenced. Subsequent infective screen for viral and bacterial pathogens was negative. Over the following week the pustular rash began to desquamate with significant improvement. She made a full clinical recovery and subsequently started antiretroviral therapy and atovaquone for PCP prophylaxis.

Discussion Drug reactions in the setting of HIV and its treatment are common. AGEF in the setting of HIV has rarely been reported. This case illustrates a less common but important severe cutaneous adverse reaction to recognise in our HIV cohort.

09 Clinical case report

P169 DON'T WHIP IT OUT UNTIL SYPHILIS IS RULED OUT

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Introduction Discrete syphilitic lesions mimicking testicular tumours are reported in the literature but usually diagnosed after removal of the testes in conjunction with positive syphilis serology. We present the first case, to our knowledge, in which a discrete testicular mass in the context of positive syphilis serology has been spared surgery and resolved both clinically and on serial ultrasound scans following antibiotic therapy.

Case A 47-year-old gentleman attended GUM clinic with inflammation under his foreskin and was found to have painless testicular lump on examination. Initial ultrasound revealed a 2 cm well defined, hypochoic mass within the right testes. He was referred to urology on suspicion of malignancy. Subsequent Syphilis serology was positive and the penile lesion and testicular mass were felt to be consistent with syphilis. After liaising with the urology department, and in view of negative tumour markers (LDH, AFP and HCG) and known penicillin allergy, he was managed conservatively with doxycycline. Follow-up ultrasound scans at 1 month and 4 months revealed good resolution of the testicular mass. The last scan performed at 10 months after treatment revealed complete resolution.

Conclusion The case illustrates that syphilis needs to be considered in the differential diagnosis of testicular lumps and that conservative management with close follow-up can spare the patient radical orchidectomy.

P170 A CLINICAL CASE STUDY OF THE USE OF MOTIVATIONAL INTERVIEWING (MI) TO ADDRESS A HIV+ GAY MAN'S SEXUAL RISK TAKING AND RECREATIONAL DRUG USE

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Background There is an increased prevalence of many sexually transmitted infections (STIs) among HIV+ gay men. In addition, the increase of the use of recreational drugs within this population is associated with increased sexual risk taking. There is a need for specific services to address sexual risk taking within this population. A clinic was set up to deliver an MI based intervention to gay men who engage in "high risk" sexual activity, including unprotected anal intercourse. This is a case study of one of the patients referred to this clinic.

Aims The patient is a 47-year-old gay man with a long standing diagnosis of HIV; he has had a number of other STI's in the past. He was engaging in a high frequency of unprotected anal intercourse (both single partner and group sex) with partners he met on the internet. He reported always using recreational drugs during sex

sessions. The aim of the intervention was to reduce the frequency of the patient's unprotected sex, thereby reducing patient's risk of acquiring and/or transmitting STIs.

Methods Intervention consisted of five individual sessions of MI with a Clinical Psychologist over a period of 3 months.

Results After five sessions, the patient reported discontinuation of all recreational drugs, a reduction in the volume of sexual encounters, an improvement in mood and increased satisfaction with his sex life.

Discussion This clinical case study provides preliminary data to support the value and the appropriateness of MI for sexual risk reduction coupled with recreational drug use. Despite the level of complexity of the patient's presenting problems, MI proved to be an effective intervention. Further research is needed to investigate the efficacy of MI for sexual risk reduction with this population.

P171 A CASE OF EXTENSIVE ORAL AND PENILE ULCERATION

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A 35-year-old Indian man was referred to the genitourinary clinic with a 3-month history of progressive, painful oral and penile ulceration. He had lost 10 kg in weight. He was anorexic secondary to mucosal pain but was otherwise well, with no reported rashes or eye problems. He had no significant medical history and took no regular medication. Last sexual intercourse was protected vaginal intercourse with a commercial sex worker 10 weeks earlier. On examination of the mouth, extensive ulceration was seen on the buccal mucosa and tongue; genital examination revealed superficial erosions on the glans penis and prepuce. Examination of the eyes, skin and joints was unremarkable. The differential diagnosis included: erosive lichen planus, aphthous ulcers, pemphigus vulgaris, cicatricial pemphigoid, Behçet's disease and secondary syphilis. Swabs from the oral ulcers were positive for Herpes simplex virus (HSV) type 1 DNA but penile swabs were negative for both HSV type 1 and 2. Hepatitis B, C, and syphilis serology, HIV antibody, and autoimmune profile were negative. Indirect immunofluorescence for epithelial intercellular cement was positive at a titre of 1:160. Biopsy of the oral lesions showed marked suprabasal acantholysis with prominent Tzank cell formation, in keeping with pemphigus vulgaris (PV). The patient was maintained on oral prednisolone with gradual improvement. Azathioprine will be used as a long-term steroid sparing agent. PV is a potentially fatal autoimmune blistering disorder of the skin and mucous membranes, more common in Indians. Cutaneous lesions are often absent. HSV can both mimic immunobullous disorders and cause superinfection. Therefore, positive HSV swabs must be taken in context and interpreted carefully. Patients may present to the GUM clinic with a history of mucosal ulceration and PV should be included in the differential of such cases.

P172 TRANSMITTED DRUG RESISTANT HIV PRESENTING AS SEVERE ENCEPHALITIS

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Background Selection of the K103N mutation is associated with a small but significant reduction in viral replicative fitness. Therefore it could be hypothesised that transmission of this strain could be associated with minimal symptoms and low level viraemia at HIV seroconversion.