Conclusion In patients with STIs/HIV, when using syndromic approach nearly half of the male patients had uretharal discharge syndrome and over half of female patients had vaginal discharge syndrome. Etiologically, genital warts due to HPV were the most common cause.

P2.137 SYNDROMIC MANAGEMENT OF VAGINAL DISCHARGE: IS IT JUSTIFIED?

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Introduction Vaginal discharge constitutes an important symptom in women attending gynaecology outpatient clinics. Some of these cases are due to sexually transmitted organisms such as N. gonorrheae, C. trachomatis and T. vaginalis and can lead to poor reproductive health and co-infection with HIV. The control of these infections can lead to substantial reduction in the transmission of HIV. Given the high cost of diagnosis, National Aids Control Organisation advocates syndromic management of patients with genitourinary complaints and treatment with drugs that target the most frequent etiological agents. However, it can lead to emergence of antibiotic resistant strains due to overtreatment. Therefore, we tried to find out prevalence of these three pathogens in cases of symptomatic vaginal discharge and to determine the number of patients who were over-treated following syndromic approach.
Methods 320 non-pregnant women (16 – 60 years) attending the gynaecology outpatient clinic of VMMC & Safdarjung Hospital, New Delhi, with complaint of vaginal discharge and clinically suspected to be infected by N. gonorrhoeae, C. trachomatis & T. Vaginali were recruited. Endocervical swabs were used for detection of these organisms by PCR.
Results Of the 320 subjects 24 (7.5%) were positive for C. trachomatis, 19 (5.9%) for N. gonorrhoeae & 13 (4.6%) for T. vaginalis. Furthermore, 8(2.5%) patients had co-infection of C. trachomatis & N. gonorrhoeae, 07(2.1%) had co-infection of C. trachomatis & T. vaginalis, 07(2.1%) had N. gonorrheae & T. vaginalis and 06 (1.8%) cases had C. trachomatis, N. gonorrheae & T. vaginalis. Infection was found in 49/320 patients with infection rate of 15.3%. Since all the patients (320) were treated the overtreatment rate was 84.6%.
Conclusion Cost-effective technology for simultaneous detection of these pathogens is urgently required in developing countries so that all clinically suspicious cases of vaginal discharge are given treatment only after confirmed diagnosis.

P2.138 CONGENITAL SYPHILIS IN A NEWBORN

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Objectives Although congenital syphilis is a completely preventable disease, its incidence in Bulgaria has experienced an increase in the recent 15 years.
Methods A 25-day male newborn with a wide spectrum of clinical features of congenital syphilis is presented.
Results The child was hospitalised in a quite bad condition with fever, interstitial pneumonia, swollen and painful knee and tarsal joints, reduced active movement of the left schoulder, and erythemo-bullous rush of the palms and soles (palmoplantar pemphigus). The bone radiogram showed features of osteochondritis and periostitis of the femurs. The laboratory studies revealed haematological abnormalities (anaemia, leucocytosis), signs of inflammation and increase in aminotransferases. The syphilis blood serology was positive. The mother did not attend for antenatal care during her pregnancy and early latent syphilis was diagnosed. The treatment with Penicillin G led to a rapid improvement of the clinical status of the newborn.
Conclusions This case stresses on the variety of clinical symptoms and the main factors contributing to the raise of the congenital syphilis, i.e. insufficient prenatal care and reduced or absent screening in pregnant mothers, suboptimal laboratory diagnosis, and lack of sexual knowledge especially among the vulnerable groups of the community. The need of optimal syphilis management is obviously.

P2.139 SYSTEMATIC REVIEW: SYNDROMIC MANAGEMENT OF VAGINAL DISCHARGE FOR TREATMENT OF GONORRHOEA AND CHLAMYDIA

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Background Syndromic management of vaginal discharge is common in both developed and developing countries. No systematic review has evaluated the performance of the WHO syndromic management algorithms as a case-management tool for symptomatic women. Our evaluation will inform health care professionals whether these algorithms have sufficient discriminatory power in identifying patients who would benefit from treatment for cervical infections.
Methods We conducted a systematic review and meta-analysis of diagnostic studies on syndromic management of vaginal discharge. We searched Medline, Embase and Global Health databases; we also searched relevant lists of references. We included the studies that reported their findings in sufficient detail to allow data abstraction for symptomatic women. Sensitivity, specificity and diagnostic OR (DOR) were used to evaluate the algorithms. ROC curves were pooled using the HSROC random effects model.
Findings We screened 896 abstracts for eligibility and included 101 articles for a full text review; 17 studies were included in the analysis. HSROC overall summary statistics were: sensitivity 0.58 (0.42–0.73), specificity 0.70 (0.61–0.78), DOR 3.25 (2.22–4.76) and sensitivity 0.81 (0.71–0.87), specificity 0.46 (0.40–0.52), DOR 3.71 (2.42–5.67) for the WHO algorithms without and with speculum examination respectively. For the algorithms that were modified to include local risk factors the overall sensitivity was 0.75 (0.51–0.90), specificity 0.58 (0.35–0.77) and DOR 4.18 (2.84–6.15) for the algorithms without speculum exam; sensitivity 0.70 (0.41–0.89), specificity 0.64 (0.42–0.82), DOR 4.24 (2.55–7.54) for the algorithms with speculum exam; and sensitivity 0.91 (0.68–0.98), specificity 0.54 (0.31–0.75), DOR 11.97 (4.93–30.0) for the algorithms with microscopy.
Interpretation Overall, diagnostic algorithms for the management of vaginal discharge had poor to moderate performance in symptomatic women. Incorporating locally-identified risk factors resulted in small improvement in the performance of the algorithms, however, considerable number of women were overtreated due to low specificity.

P2.140 TIME TRENDS OF C. TRACHOMATIS SEROTYPE DISTRIBUTIONS IN FERTILE-AGED WOMEN IN FINLAND

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