P081 AN AUDIT OF THE MANAGEMENT AND AETIOLOGY OF PROCTITIS IN MEN WHO HAVE SEX WITH MEN (MSM)

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Background Proctitis remains an important presentation of MSM to sexual health clinics. It causes significant morbidity and facilitates the transmission of other infections including HIV.
Aims To audit the management and aetiology of proctitis in a UK sexual health clinic and determine the pattern of STIs presenting with rectal symptoms.
Methods 100 consecutive notes of MSM presenting with rectal symptoms were examined (December 2014 – March 2015). The local clinical management standard is proctoscopy and Gram stain for gonorrhoea; gonorrhoea culture; gonorrhoea/chlamydia NAAT; HSV1/HSV2/*T.pallidum* PCR; syphilis serology. Positive chlamydia NAATs are tested for LGV-associated serovars.
Results 88/100 had proctoscopy performed. The tests undertaken and test results are summarised in the table below.

Abstract P081 Table 1 Proctitis in MSM

Investigation	No. undertaken	No. positive	% positive
Gram stain for gonorrhoea	63	7	11.1
Culture for gonorrhoea	69	13	18.8
NAAT for gonorrhoea	97	24	24.7
NAAT for chlamydia – non-LGV serovar	97	11	11.3
NAAT for chlamydia – LGV serovar	97	10	10.3
HSV1 PCR	66	4	6.2
HSV2 PCR	66	10	15.1
***T.pallidum* PCR**	66	3	4.5
Syphilis serology	94	7 (active infection)	7.4

43 patients had all the recommended tests. 66 infections were diagnosed in 53 patients. 42 patients had one infection, 9 had two infections and 2 had three infections. 35 patients were diagnosed HIV positive before presentation, 64 patients tested HIV negative at presentation and one patient declined testing.
Discussion This audit confirms that the majority of MSM presenting with rectal symptoms had proctoscopy but there is room for improvement in practice as only a minority had all tests undertaken. STIs are a common cause of anal symptoms in MSM and this data strongly supports a low threshold for STI screening. Routine HSV testing in MSM with rectal symptoms is useful.

P082 EVALUATION OF A NEW LGBTI SERVICE TO COMPLEMENT A BUSY INNER CITY GUM CLINIC

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Background/introduction LGBTI individuals are at significantly increased risk of STI's and HIV, as well as sexual violence and discrimination. The need for specialist LGBTI services in level 3 GUM settings is increasingly recognised and also subscribes to BASHH equality and diversity standards. We established a new LGBTI specialist clinic and present here a service evaluation of its first 8 months.
Aim(s)/objectives To evaluate a new LGBTI service.
Methods Coding for all patients who accessed the service over an 8 month period was collated and used to garner basic information about diagnoses. A 4 week period was then chosen at random and individual patient notes were accessed to get more detailed information.
Results There were 526 attendances for 450 individual patients. The rates of STI's compared to our general clinics are tabled below.

Abstract P082 Table 1 LGBTI Diagnoses

	LGBTI clinic	General GUM
Gonorrhoea	14.0%	3.8%
Chlamydia	6.4%	5.0%
NSU	5.3%	2.9%
Syphilis	3.8%	1.2%
Warts	4.8%	6.3%
HSV	2.0%	4.0%
Treated as contact	20.0%	6.9%

In the 4 week period there were 104 booked attendances. The age range was 19 – 75 (mean: 37.1). Of the 92 patients who attended 59% had at least one diagnosis with 13% having multiple diagnoses. 26% were HIV positive.
Discussion/conclusion The high STI and HIV rates in this group suggest they will benefit from a specialist service. This involves a reconfiguration of staff compared to general clinics to account for increased requirements for treatments, injections and counselling. An additional qualitative assessment demonstrated that the clinic was also extremely well received by patients.

P083 PSYCHOLOGICAL IMPACT DUE TO GENITAL HERPES AMONG CENTRAL STD CLINIC ATTENDEES IN SRI-LANKA

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Background/introduction Genital herpes is becoming the most prevalent STI throughout the world. Patients with genital herpes are more susceptible to psychological distress, possibly due to its natural history of incurability, asymptomatic viral shedding, recurrences, painful ulcers and risk of transmission to the partner and to the baby.
Aim(s)/objectives To study the psycho-social impact among patients with genital herpes.
Methods Study design was cross sectional comparative study using HSV infected and non-infected group attending central STD clinic Colombo. Study group was having genital herpes and a comparative group was asymptomatic and did not have genital herpes but having any other STI. Interviewer administered questionnaire was used for 85 from each group. General Health

Questionnaire (GHQ 30), Hospital Anxiety and Depression Questionnaire (HADQ) and the questionnaire related to socio-demographic variables were used.
Results The demographic differences were not statistically significant. Social stigmatisation and the fear of transmitting to their partners were high among herpes. This difference is statistically significant at $p < 0.001$. The psychological distress among herpes group 66% (56/85) was significantly higher at $p < 0.001$ than the non herpes group 29% (25/85).The level of anxiety and depression among herpes group was 35% (30/85) and 23.5% (20/85) respectively. For non herpes patients 15% (13/85) and 9% (8/85).The difference in the level of anxiety and depression among two groups was statistically significant at $p < 0.05$.
Discussion/conclusion Patients with genital herpes had more psychological distress, anxiety and depression compared to non herpes patients.

P084 AN UNUSUAL CASE OF INTRADERMAL "KISSING" NAEVUS PRESENTING AS PENILE WARTS

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Background/introduction We describe a case of a 38 yr old white heterosexual male with Crohns disease presenting with warty lesions of the penis which were found on histological diagnosis to be benign intradermal naevi. The differential diagnosis included papular warts, skin tags, and in this case Crohns and pyoderma gangrenosum.
Aim(s)/objectives Initially presented with two smooth papular warty type lesions on the prepuce and glans adjacent to the coronal sulcus,which had been present for several months causing discomfort during sexual activity and unsightly appearance. Currently taking oral prednisolone and mesalazine for longstanding Crohns disease,with no other cutaneous manifestations, and had regular female partner.
Results Initially treated with Liquid Nitrogen application but with minimal resolution and in light of his medical history to exclude "metastatic" Crohns and associated pyoderma gangrenosum a punch biopsy was carried out. Histological appearances were that of a benign intradermal naevus with characteristic nests of naevus cells within the dermis only, there was no atypia present. He was subsequently referred to the urologist for surgical excision of the lesions.
Discussion/Conclusion Benign intradermal naevi or "kissing naevi" of Penis such as this are extremely rare there being only a handful previously reported. Due to the dermal location of naevus cells they usually present as skin coloured or slightly pigmented papules and may be confused with warts, skin tags or dermatofibroma. Treatment with surgical excision or laser therapy results in satisfactory functional and aesthetic outcomes.

P085 A RE-AUDIT LOOKING AT CHAPERONING IN AN INTEGRATED SEXUAL HEALTH CLINIC

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Background According to the General Medical Council (GMC) intimate examination guidelines 2013, the British Association of Sexual Health and HIV and the Royal College of Nursing guidelines, a chaperone should be offered when conducting an intimate examination. The GMC guidance supports clinicians who do not want to perform an intimate examination unchaperoned. The presence of a chaperone is considered essential in The Royal College of Obstetricians & Gynaecologists clinical governance advice, January 2015.
Aim A retrospective audit was conducted in our integrated sexual health clinic to see if a chaperone was being used for intimate examinations according to the GMC guidelines. Method: 100 cases were identified in January 2015 and a re-audit was conducted in July 2015.
Results In January 2015, 70% of patients accepted an examination. In 9% of these cases the offer of a chaperone was not documented. 44% declined a chaperone and 54% accepted. In July 2015: 63% of patients accepted an examination. In 14% of these cases the offer of a chaperone was not documented. 54% declined a chaperone, 40% accepted.
Conclusion Documentation of the offer of a chaperone has worsened. In July 2015, the majority of staff are performing an intimate examination unchaperoned, as patients decline the offer. In order to reduce the risk of false accusation against clinicians and nurses during an intimate examination, it is essential we follow the GMC guidance and ensure a chaperone is present for all intimate examinations.

P086 AN AUDIT OF THE MANAGEMENT OF PERSISTENT AND RECURRENT NON-GONOCOCCAL URETHRITIS (PNGU) IN A LARGE LONDON TEACHING HOSPITAL

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Background/introduction The British Association of Sexual Health and HIV (BASHH) released a new national guideline on the management of non-gonococcal urethritis (NGU) in 2015. This audit was completed to assess compliance and identify areas for service improvement.
Aim(s)/objectives To compare the management of pNGU against national guidelines.
Methods A retrospective case note review was performed for all patients having two or more NGU code (C4N) over a 12-month period from 1st April 2014. We collected demographic details, presenting symptoms, signs, investigations, management and number of visits.
Results 130 patients were identified from three different clinics within the same Trust. A total of 282 visits were recorded. 35.4% of visits were diagnosed as NGU and 66.2% as pNGU. We achieved 100% compliance with all four of BASHH auditable out comes (i.e. screening for C. trachomatis (CT) and gonorrhoea, documented offer of written information, delivery of first-line therapy and partner notification). Only one patient was diagnosed with CT. In recurrent visits, only 31.0% of further investigations were done and 12.6% of them were treated as pNGU according to the guideline. 55.2% of the patients had 4 or more visits.
Discussion/conclusion We demonstrated high levels of compliance with national guidelines for managing NGU. However, management of patients with pNGU was sub-optimal with a lack of appropriate investigations and incorrect treatment regimes.