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

Benjamin Goorney*, David Fitzgerald, John Newsham. *Salford Royal Foundation Trust, Salford, UK*

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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

Rasha Dabis. *Watford, Watford, UK*

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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

Rizwaan Sheriff*, Jake Bayley, Kapil Patel. *Bart's Health NHS Trust, London, UK*

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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.