

P2.39 COMPLETE REVERSAL OF AN ABERRANT TUMOUR BY KAPOSI'S SARCOMA IN A PATIENT WITH HIV USING HAART PLUS LIPOSOMAL DOXORUBICIN

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Introduction Kaposi's Sarcoma (KS) is the most common HIV related neoplasm since the outburst of the HIV epidemic in early 1980s. After the widespread use of highly active antiretroviral therapy (HAART) its incidence has declined drastically, but even today patients find themselves infected with HIV after developing KS.

Methods Case Report.

Results We report the case of a 36 years old, African-american, bisexual man who had his HIV diagnosis on october 2014 after the onset of violaceous, nodular skin lesions all over his body six months earlier. At first visit to our service he has presented with 70 skin lesions, 69 of them were violaceous and nodular, one oral mucous lesion and typical biopsy-proven gastric and sigmoid lesions. His CD4 count was 99 cells/mm³ and HIV viral load was 3412 copies/mm³ (log 3.533). His KS was classified as T1S1. The most disturbing finding, though, was an aberrant presentation of KS on his 2nd left pododactyl, affecting and disturbing the entire normal architecture of this toe, making it three times bigger than usual, displacing the fingernail, along with other nodular lesions on the dorsal face of the left feet. This lesion was very secretive, with a clear and foetid fluid. Patient had already started TDF/3TC/EFZ plus sulfamethoxazol-trimetoprim 1 week earlier and we prescribed liposomal doxorubicin, 20mg/m² each 21 days, alongside with special dressings on this tumoral lesion thrice a week. He achieved undetectable viral load and CD4 cell count of 117 cells/mm³ four months later. Patient received 26 chemotherapy sessions from December 2014 to April 2016, with a total dosage of 852 mg of liposomal doxorubicin and achieved a complete response, with healing of all skin, mucous and visceral lesions, including a full recovery of the 2nd pododactyl.

Conclusion A combination of HAART plus extensive chemotherapy and proper dressings was successful to completely heal an unusual aberrant tumour in a patient with disseminated KS.

P2.40 ANOGENITAL WART WITH ATYPICAL MORPHOLOGICAL FEATURES IS NOT ALWAYS AN ALARMING SIGNAL FOR THE TREATING PHYSICIAN

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Introduction The clinical morphology of anogenital warts may vary from flat, filiform, popular or verrucous to giant condyloma acuminata, and Buschke-Löwenstein tumour. Clinically atypical-looking genital warts may alarm the clinician because of their suspected malignant potential, which may cause

anxiety, often leading to aggressive interventions. We conducted this study to find out whether clinically atypical-looking anogenital warts are more likely to be premalignant or malignant as compared to typical warts.

Methods Data of forty-one (37 males, 4 females) patients with anogenital warts was retrospectively analysed. After a detailed literature review and in-house discussions, criteria for anogenital warts with typical and atypical clinical morphology were defined. Clinical photographs of the anogenital warts were independently reviewed by three dermatologists, and HPV genotyping results, histological evaluation, and immunohistochemical analysis for p53 expression were evaluated.

Results Fifteen (36.6%) anogenital warts were classified as atypical by at least two out of three blinded dermatologists. The histological examination showed mitotic figures in 29/41 (70.8%), dysplasia in 14/41 (44.1%) specimens and p53 positivity in 34/41 (82.9%) of specimens. There was no significant difference in the high-risk HPV genotyping ($p=0.6$), frequency of dysplastic changes on histology ($p=0.3$) and immunohistochemistry with p53 ($p=0.07$) between clinically typical and atypical-appearing anogenital warts. Similarly, no significant difference was found in the frequency of dysplastic changes ($p=0.3$) or p53 expressions ($p=0.5$) based on the HPV genotypes.

Conclusion The atypical clinical morphology of anogenital warts may not be a marker of increased malignant potential. High-risk HPV genotypes do not have a statistically significant association with dysplasia or positive immunohistochemistry with p53.

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P2.41 PHARMACEUTICAL ASSISTANCE IN SYPHILIS PATIENT CARE – FROM PREVENTION TO SUCCESSFUL TREATMENT

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Introduction The expansion of Family Health in the City of Rio de Janeiro, as well as the structure that minimally requires one pharmacist per unit of Family Health Clinic, this professional has been often acting as protagonists in the success of the Treatment and follow-up. In this context, the pharmacist performance in all stages of syphilis care has become paramount for the success of the treatment, acting in all care stages.

Methods Prevention - opportunize the patient's visit to the pharmacy to identify individuals risk and eligible for actions as pharmaceutical consultation or a educational group, as responsible for the custody and control of the syphilis Rapid test allows the knowledge of the cases even before the dispensation. Surveillance and notification of public health problems - as soon as the knowledge of the diagnosis, by rapid test result or the demand for the dispensing of the medicine, is also responsible for that notification, and it is up to him to make that request to the professional who made the diagnosis

or even to make the notification. Oriented Dispensation - it is of paramount importance and the pharmacist's legitimate responsibility that this patient initiates his treatment with all the necessary information: the clarification on the duration of treatment, the importance of being done correctly, the transmissibility of the disease as well as the importance the treatment of the partner (s) for the success of the conduct. Pharmaceutical consultation - classify the risk of not adhering to treatment and use convincing strategies considering that any may be the reasons for resistance to treatment and qualified listening from a professional with the technical expertise to evaluate case by case and sensitivity to conduct the situation can make the difference in completing this treatment.

Results and Conclusion The analysis makes it possible to perceive how the routine of the pharmacist integrated into the Family Health offers several tools that make the conclusion of the treatment in an appropriate way of the pharmacist's responsibility.

P2.42 EVALUATION OF COTRIMOXAZOLE USE AS A PREVENTIVE THERAPY AMONG PATIENTS LIVING WITH HIV/AIDS IN GONDAR UNIVERSITY REFERRAL HOSPITAL, NORTHWESTERN ETHIOPIA: A RETROSPECTIVE CROSS-SECTIONAL STUDY

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Introduction Cotrimoxazole preventive therapy (CPT) is a feasible, inexpensive, and well-tolerated way for patients living with HIV/AIDS to reduce HIV/AIDS-related morbidities. The aim of this study was to evaluate the use of cotrimoxazole as a prophylaxis therapy among patients living with HIV/AIDS at Gondar University Referral Hospital (GURH), northwestern Ethiopia.

Methods A retrospective cross-sectional study was conducted at GURH, from September 2013 to October 2015. Medical records of 264 patients were selected by using systematic random sampling technique. Data were collected using the structured checklist and evaluated against World Health Organisation (WHO) guidelines. The quantitative data were analysed using the statistical packages for social sciences Version 20. Descriptive and binary logistic regression were used to assess the association between different variables.

Results Approximately 95 (36.0%) patients were at WHO clinical stage III at the start of CPT. The use of CPT was consistent with the guidelines in the rationale for indication 200 (75.75%) and dose 263 (99.62%), despite the presence of contraindications in 24 (9.90%) patients. The occurrence of cotrimoxazole-associated side effects was higher in the first month of therapy.

Conclusion Although the practice of discontinuation of CPT and follow-up for adverse drug effects were not consistent with WHO guidelines on the rational use of cotrimoxazole prophylaxis, the use of CPT among people living with HIV/AIDS at GURH was appropriate. Health professionals should adhere to the available updated guidelines to reduce the occurrence of adverse effects.

P2.43 GENDER DIFFERENCES IN RISK FACTORS AND CLINICAL OUTCOMES OF PATIENTS RECEIVING ANTIRETROVIRAL THERAPY AT AN HIV CLINIC IN GUATEMALA CITY OVER A 9-YEAR PERIOD

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Introduction There is no consensus on gender differences in clinical outcomes of HIV-infected patients. Immunologic, virologic, and survival data for patients receiving antiretroviral therapy (ART) show an inconsistent presence and direction of a gender gap. Gender and sexual behavior-based outcomes analysis is lacking in Guatemala, which has largely sexual transmission of HIV. We examine outcomes of HIV-positive Guatemalans receiving ART over a 9 year period.

Methods Retrospective cohort analysis was conducted using a database of treatment-naïve patients offered free ART at the Clinica Familiar Luis Angel Garcia in Guatemala City from 2004 to 2014. Multivariate Cox regression was used to study gender differences in all-cause mortality, immunologic failure (CD4 <100 cells/μL twice or CD4 < baseline) and virologic suppression (viral load <50 HIV-1 RNA copies/mL within 1 year of starting ART).

Results 4248 patients were included: 2605 men, 1617 women, and 26 transgender patients (analysed separately). Compared to men, women had higher median CD4 counts (198 vs. 126 cells/μL, $p < 0.001$) and lower median viral loads (6.48×10^4 copies/mL vs. 11.27×10^4 copies/mL, $p < 0.001$) at baseline. In multivariate analysis, mortality decreased with female gender (HR 0.52, 95% CI 0.29–0.93, $p = 0.029$) while it increased with age (HR 1.02, 95% CI 1.003–1.04, $p = 0.02$) and inconsistent condom use (HR 9.36, 95% CI 2.61–33.63, $p = 0.001$). In women alone, these factors did not predict mortality. In men alone, mortality increased with inconsistent condom use (HR 23.26, 95% CI 2.89–187.3, $p = 0.003$), and number of sexual partners (HR 1.02, 95% CI 1.001–1.039, $p = 0.041$). Gender did not predict immunologic failure. Female gender predicted a lower rate of viral suppression (HR 0.6, 95% CI 0.41–0.85, $p = 0.005$).

Conclusion Women receiving ART have lower mortality than men when adjusted for sociodemographic factors and sexual behaviours. Sexual risk factors affect genders differently and can predict treatment outcomes in previously infected patients.

P2.44 NO DIFFERENCES IN KNOWLEDGE OF KEY HIV TEST CONCEPTS BETWEEN USERS OF AN ONLINE STI TESTING SERVICE (GETCHECKEDONLINE.COM) AND IN-CLINIC TESTERS IN VANCOUVER, CANADA

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Introduction Online HIV/STI testing is an alternative to in-clinic testing, but may lead to missed opportunities for education due to the lack of provider-delivered pre/post-test counselling. *GetCheckedOnline* (GCO) is an online testing service offered through an urban STI clinic in Vancouver. It was