

P3-S2.05 INVASIVE OBSTETRIC PROCEDURES AND CESAREAN SECTIONS IN WOMEN WITH KNOWN HERPES SIMPLEX VIRUS (HSV) STATUS DURING PREGNANCY

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Background Breach of neonatal skin by obstetric procedures during delivery increases risk of neonatal herpes among infants of women with genital HSV infections. We hypothesised that knowledge of genital HSV infection by clinical history or antibody tests (GH/HSV-2) prior to delivery would result in reduced use of invasive obstetric procedures, and we explored whether use of invasive procedures in infected women on suppressive antiviral therapy was similar to use in women without infection.

Methods We reviewed 750 consecutive deliveries at an academic medical center in 2006; routine prenatal testing included HSV-1 and HSV-2 serostatus. The primary outcome was a composite of invasive delivery procedures (fetal scalp electrodes, artificial rupture of membranes, intrauterine pressure catheter, vacuum extraction or forceps extraction) among women with vs without GH/HSV-2. Women with planned c-sections, multiple gestation pregnancy, or genital herpes lesions at term were excluded.

Results 453 women, including 35 with a history of genital herpes (24 with HSV-2, 11 with HSV-1) and 59 with HSV-2 antibody but no history of genital herpes, were included in the analysis. Of the 94 women with GH/HSV-2, 56 (59.6%) received suppressive antiviral therapy. Among the 38 women with GH/HSV-2 not on suppressive therapy, 15 (39.5%) had an invasive obstetric procedure at delivery compared with 204 (57%) of 359 women without GH/HSV-2 (OR=0.50; 95% CI: 0.25 to 0.98). In contrast, no difference in unplanned c-sections was observed by GH/HSV-2 status (29% vs 28%). Among the 56 women with GH/HSV-2 treated with antiviral therapy, the risk of invasive procedures was similar to that of women without GH/HSV-2, 62.5% vs 57% (OR=1.27; 95% CI 0.71 to 2.26).

Conclusion Women with known genital herpes or HSV-2 positivity are less likely to undergo invasive procedures that increase the risk of neonatal herpes. However, obstetricians do not appear to avoid these procedures in women who are on suppressive therapy. These data suggest physicians who know their patients' HSV-2 status in pregnancy alter their behaviour to maintain the integrity of neonatal skin. Given the frequency of breakthrough HSV-2 shedding on suppressive antiviral therapy, and the occurrence of neonatal herpes in infants born to women on suppressive therapy, the high frequency of invasive procedure use among women on antiviral therapy is concerning.

Clinical sciences poster session 3: HIV

P3-S3.01 ANAL PAP SMEAR SCREENING AMONG DRUG USERS LIVING WITH HIV IN MIAMI, FLORIDA

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Background Human papillomavirus (HPV) is associated with anal cancer. Human immunodeficiency virus (HIV) infection and cocaine use are associated with increased risk for HPV infection and associated diseases, but little is known about anal dysplasia among HIV-infected drug users. The objective of our study was to assess the rate of abnormal anal Pap smears among drug users living with HIV in Miami, Florida.

Methods Project HOPE (Hospital is an Opportunity for Prevention and Engagement) is a two-site study conducted in Miami and

Atlanta to evaluate the efficacy of a brief prevention intervention for HIV-positive crack cocaine users recruited from two inner-city hospitals during their inpatient stays. At the Miami site, anal Pap smears from women and men (n=46) were collected.

Results The study population was 95% Black, the mean age was 47, 63% were female (29/46), 35% heterosexual males (16/46) and 2% men who have sex with men (MSM) (1/46). Approximately half of the participants did not complete high school, 50% were on anti-retroviral therapy and 50% had been diagnosed with HIV for more than 14 years. The median CD4 cell count was 198. Overall 69.5% (32/46) of anal Pap smears were abnormal; 69% of women (20/29) and 70.5% of men (12/17) had abnormal Pap smear.

Conclusions These preliminary data suggest that abnormal anal Pap smears are common in drug users living with HIV in Miami and highlight the need for further studies on prevention and screening of anal dysplasia and cancer in this population.

P3-S3.02 REITER'S SYNDROME IN ASSOCIATION WITH HIV INFECTION: REPORT OF THREE CASES

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Introduction Reiter's syndrome is a relatively rare, non-suppurative, sero-negative arthropathy seen among young adults with HLAB27. Epidemic (post-enteric) and endemic (sexually acquired) variants of the disease may occur. Reiter's disease is difficult to manage because of its chronic recurring course. The prevalence of Reiter's syndrome in HIV-infected patients varies between 1.7% and 11.2%. The course of the disease is more severe and progressive in these patients and often refractory to treatment. Here, clinical features and management of three HIV infected patients with Reiter's syndrome have been described.

Case reports Three heterosexual men, age ranging from 20 to 40 years presented with psoriasiform skin lesions, dystrophic nail changes and incapacitating arthritis involving bilateral knees, ankles and toes of 3–6 months duration. Two of the patients had asymptomatic balanitis. Skin lesions, keratoderma blennorrhagica, were generalised and severe in one patient and were restricted to extremities in two others. There was no history of preceding gastro-intestinal infection or urethritis in any of them. All the three patients had history of unprotected sex with commercial sex workers in the past. They were tested HIV positive (Western blot method) and CD4 T cell count was 550, 489 and 450 respectively. The patients were treated with a combination of indomethacin, sulfasalazine for the arthritis and systemic isotretinoin. Arthritis responded to sulfasalazine and indomethacin. Cutaneous and nail changes responded to systemic isotretinoin. Long term treatment was required for all patients and one had recurrent flare-up of symptoms.

Conclusion Reiter's syndrome is one of the causes of rheumatic disorders in HIV-infected patients. Direct etiological role of HIV infection in the development of Reiter's syndrome is not established. Reiter's syndrome as a manifestation of immune reconstitution syndrome in a HIV-infected patient has been reported. Clinical severity of the disease may be increased because of underlying immunosuppression. These patients present with therapeutic challenge because of the restricted opportunity to use conventional immunosuppressive therapeutic agents.

P3-S3.03 CLINICAL PROFILE OF BUSCHKE-LOWENSTEIN TUMOUR IN HIV INFECTED PATIENTS

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Introduction Buschke Löwenstein tumour (BLT) is a rare Human Papilloma Virus (HPV)- triggered indolent lesion involving perineal