and/or perianal skin. The lesions are locally invasive and difficult to manage because of the voluminous tissue bulk and recurrence potential. Underlying immune defect in the background of HIV infection may enhance tumour-aggressiveness in these lesions. Three HIV-infected patients with BLT have been reported.

**Case reports**

**Patient 1:** A 46-year-old woman presented with a cauliflower-like pink, fleshy mass of 18 months duration, protruding through the anal orifice, causing discomfort and disturbance in defecation. She was HIV-infected, acquired through conjugal relation. In addition to the above lesion, she had multiple genital molluscum contagiosum and Bowenoid papulosis. Her CD4 T cell count was 550 and she was not on antiretroviral therapy (ART). Histopathology of the lesion was suggestive of BLT. The patient was treated with cryotherapy followed by surgical debulking of the lesion. ART was advised. **Patient 2:** A 35-year-old commercial sex worker presented with a large, variegated growth involving labia minora, extending to perineum, perianal region and lower part of gluteal folds, since last 5 years. There was sudden increase in extent and ulceration of the lesion since last 6 months. In the pubic region she had a conglomerated lesion of multiple condyloma acuminata and multiple Bowenoid papulosis. She was HIV-infected with CD4 T cell count of 660. The lesion was biopsied from multiple sites and histopathological examination was consistent with BLT with grade II squamous cell carcinoma in some specimens. The patient was treated with surgical debulking followed by radiotherapy. **Patient 3:** A 40-year-old man with history of high risk sexual practices and intravenous drug abuse presented with multiple, fleshy masses over penis, scrotum and pero-scrotal junction, giving rise to deformed appearance of the genitalia. The lesions were present since several years with slow growth. He was HIV positive with a CD4 T cell count of 300. He was on ART since last 6 months. Histopathology of the lesion was suggestive of BLT. The patient was treated with cryotherapy followed by surgery.

**Conclusion** HIV-infected patients with Buschke Löwenstein tumour are at a higher risk of developing invasive squamous cell carcinoma because of higher incidence of abnormal anal and genital cytology, presence of HPV-DNA in these cells and a low CD4 T cell count.

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**P3-S3.05**

**COTRIMOXAZOLE RESISTANT RESPIRATORY OPPORTUNISTIC PATHOGENS IN HIV AND AIDS PATIENTS IN LAGOS, NIGERIA**

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**Introduction** Opportunistic infections, viral, bacterial, fungal and parasitic are the most common cause of morbidity and mortality in HIV patients. Of the different antibiotics used for bacterial respiratory tract infections, cotrimoxazole appears to be a drug of choice in most developing countries because of its very low cost. Studies in Ivory Coast showed that cotrimoxazole decreased hospitalisation in 50% of all HIV patients and decreased mortality by 50% when given to HIV positive TB patients. Recently Streptococcus pneumoniae, Haemophilus influenzae, Moraxella catarrhalis have become increasingly resistant to antibiotics and the rates vary between countries. Aware of the public health importance, the drug resistance patterns of bacterial respiratory opportunistic pathogens from HIV patients in Lagos were studied for better management of HIV in Nigeria.

**Methods** 310 sputum samples were collected from HIV patients presenting with respiratory complaints at ART clinics in Lagos after due informed consent from the patients and processed in the laboratory within 4 h using standard microbiological methods.

**Results** 57.1% patients were females, 70.5% of the samples grew bacterial pathogens mainly Moraxella catarrhalis 25.1%, Staphylococcus aureus 9.2%, Streptococcus pneumoniae 8.3%, Pseudomonas aeruginosa 7.3%, coagulase negative staphylococcus 5.3%. Some Enterobacteriaceae were isolated and 86.8% of isolates were susceptible to ciprofloxacin, 90.2% to ciprofloxacin and 12.8% to cotrimoxazole.

**Conclusion** Pathogens isolated were susceptible to ciprofloxacin, ciprofloxacin but highly resistant to cotrimoxazole, an affordable and widely used drug in African countries. This poses a challenge to management of HIV in Nigeria.