

Abstract P3-S5.05 Table 1 Positive tests among the 99 specimens subjected to point of care multiplex PCR using the filmarray device

Detected organism	Specimen type						Total
	Urine N=44	Urethral N=5	Cervical N=7	Rectal N=16	Oral N=20	Ulcer N=7	
<i>Neisseria gonorrhoeae</i>	4	2		2	2		10
<i>Chlamydia trachomatis</i>	7	2		3			12
<i>Treponema pallidum</i>	1			1	1	1	4
<i>Trichomonas vaginalis</i>	1		2				3
HSV-1	2						2
HSV-2							0
<i>Mycoplasma genitalium</i>	3						3
<i>Ureaplasma spp.</i>	17	1	3	4	2	1	28
<i>Haemophilus ducreyi</i>							0

HSV-2 (6/6, 100%), and *T vaginalis* (5/6, 83%). The STD Panel detected *T pallidum* in four samples from patients who were subsequently diagnosed with syphilis by serology. *Ureaplasma spp.* were detected in 28 of 99 (28%) and *M genitalium* in three of 99 (3%) specimens. In patients with chronic dysuria where standard clinical testing failed to reveal a cause, we were able to detect infectious agent in 8 of 14 specimens (two HSV-1, five *Ureaplasma spp.*, one *M genitalium*) see Abstract P3-S5.05 table 1.

Conclusions Point of care STD testing based on the FilmArray platform is a robust clinical diagnostic tool that has the potential to improve public health by providing sensitive and rapid results. This may improve clinical care for persons suspected of infections with STD organisms.

P3-S5.06 SURGERY IN THE TREATMENT OF SEVERE DYSpareunia CAUSED BY VULVAR VESTIBULITIS SYNDROME-A LONG-TERM FOLLOW-UP STUDY

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Background Vulvar vestibulitis syndrome (VVS) causes severe dyspareunia in young women, but is poorly recognised and managed. We wanted to evaluate safety and effectiveness of posterior vestibulec-tomy in the treatment of VVS.

Methods A cohort study of consecutive patients with refractory VVS treated at the University Hospital Vulva Clinic. The study population consisted of 70 women treated by posterior vestibulec-tomy during 1995–2007. All operated women were invited to participate in a long-term follow-up study. Patient characteristics, baseline visual analogue scale (VAS) for dyspareunia, and data of the postoperative pe-riod were collected. Of the 70 women invited, 57 attended the follow-up, including face-to-face inter-view, gynaeco-logicalgynaecological examination with swab-touch test for vestibular tenderness, current VAS score for dyspareunia, and McCoy questionnaire for sexual problems. Main outcome measures were short-term and long term complication rates, dyspareunia by VAS score, vestibular tenderness on examination, sexual problem index, and overall patient satisfaction.

Results Ninety-one per cent of the patients were satisfied with the outcome. VAS for dyspareunia de-creased from a median of 9 to a median of 3 (66.7% decrease) ($p < 0.001$). Posterior vestibular tenderness was absent in 34 patients (64.2%). Six (8.6%) patients developed postoperative bleeding and 11 (15.7%) patients developed mild wound infection, and 4 (5.7%) patients developed Bartholin's cysts.

Conclusion Posterior vestibulectomy is effective in the treatment of severe VVS and provides long-term patient satisfaction.

P3-S5.07 MULTIDISCIPLINARY CLINIC FOR THE TREATMENT OF HEPATITIS C: AN USEFUL TOOL FOR THE MANAGEMENT OF THE PATIENTS; REVIEW OF THE EXPERIENCE OF A REGIONAL HOSPITAL

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Background CSSSRN is a regional hospital with 240 acute-care beds, with a multidisciplinary clinic for the treatment of hepatitis C. This study aimed to review the clinical data from treated cases of hepatitis C, including the evaluation of the multidisciplinary support needed.

Methods All files from patients evaluated for hepatitis C at CSSSRN between January 2000 and March 2009 were reviewed for clinical and microbiological data. Also, the numbers of visits to the different clinics were recorded. The data were analysed with Epi Info 3.5.1.

Results A total of 165 cases of hepatitis C were evaluated at our facility and 46 treatments were initiated in 42 patients (four patients had two treatments). The average age was 41 years old (range 22–58) and 78% were men. All, except one, were native from the province of Quebec. The acquisition of hepatitis C was: injection or inhalation drug use (74%), blood transfusion (19%) and other causes (7%). The majority of treated individuals were heterosexual (93%), 55% had a history of alcohol abuse, 30% have been in detention, 19% had attempted suicide and 5% had done prostitution. HIV coinfection was present in three patients and none had HBV coinfection. The genotypes observed were 1 (55%), 3 (29%), 2 (9%) and 4 (7%). Liver biopsy was performed in 26 patients, eight had cirrhosis and one developed liver carcinoma. The treatments received were standard interferon alfa-2b/ribavirine (seven cases, 2000–2002), peginterferon alfa-2b/ribavirine (22 cases, 2003–2006), and peginterferon alfa-2a/ribavirine (17 cases, 2005–2008). Treatment was completed in 78% of patients. Sustained virological response (SVR) was achieved in 53% of genotypes 1 and 4; and in 69% of genotypes 2 and 3. During treatment, an average of 30 visits per patient was recorded. The frequency and mean number of visits were: clinical nurses from the ambulatory care unit (100%, 14), infectious diseases (100%, 10), gastroenterology (100%, 5), psychiatry (35%) and dietetic (16%).

Conclusion A SVR was achieved in 53% (genotypes 1 and 4) and 69% (genotypes 2 and 3) of patients. The treatment of hepatitis C involved an average of 30 visits, with many actors, which is eased by a multidisciplinary clinic.

Clinical sciences poster session 6: syphilis

P3-S6.01 VALIDATION OF A TREPONEMIC ANTIBODIES QUIMOLUMINESCENCE AUTOMATED TEST FOR SYPHILIS DETECTION AMONG INMATES OF MEXICO CITY

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Background When surveying large groups at risk for STI, the search of anti *T pallidum* Ab is a valuable tool both for assessing risks associated with syphilis acquisition and, if followed by VDRL test, also for syphilis cases detection. By the other hand testing first with VDRL a large number of samples followed by confirmation with anti TP specific test would be laborious and prone to errors while the data of past cured syphilis would be lost. On 2010 the HIV/AIDS Program of Mexico City and the National Institute of Public Health, Mexico initiated a health survey of around 40 000 inmates of the city for assessing syphilis and