and intravenous hydrocortisone was commenced. Subsequent infective screen for viral and bacterial pathogens was negative. Over the following week the pustular rash began to desquamate with significant improvement. She made a full clinical recovery and subsequently started antiretroviral therapy and atovaquone for PCP prophylaxis.

**Discussion** Drug reactions in the setting of HIV and its treatment are common. AGEP in the setting of HIV has rarely been reported. This case illustrates a less common but important severe cutaneous adverse reaction to recognise in our HIV cohort.

**09 Clinical case report**

**P169 DON'T WHIP IT OUT UNTIL SYPHILIS IS RULED OUT**

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**Introduction** Discrete syphilitic lesions mimicking testicular tumours are reported in the literature but usually diagnosed after removal of the testes in conjunction with positive syphilis serology. We present the first case, to our knowledge, in which a discrete testicular mass in the context of positive syphilis serology has been spared surgery and resolved both clinically and on serial ultrasound scans following antibiotic therapy.

**Case** A 47-year-old gentleman attended GUM clinic with inflammation under his foreskin and was found to have painless testicular lump on examination. Initial ultrasound revealed a 2 cm well defined, hypoechogenic mass within the right testes. He was referred to urology on suspicion of malignancy. Subsequent Syphilis serology was positive and the penile lesion and testicular mass were felt to be consistent with syphilis. After liaising with the urology department, and in view of negative tumour markers (LDH, AFP and HCG) and known penicillin allergy, he was managed conservatively with doxycycline. Follow-up ultrasound scans at 1 month and 4 months revealed good resolution of the testicular mass. The last scan performed at 10 months after treatment revealed complete resolution.

**Conclusion** The case illustrates that syphilis needs to be considered in the differential diagnosis of testicular lumps and that conservative management with close follow-up can spare the patient radical orchidectomy.

**P170 A CLINICAL CASE STUDY OF THE USE OF MOTIVATIONAL INTERVIEWING (MI) TO ADDRESS A HIV+ GAY MAN’S SEXUAL RISK TAKING AND RECREATIONAL DRUG USE**

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**Background** There is an increased prevalence of many sexually transmitted infections (STIs) among HIV+ gay men. In addition, the increase of the use of recreational drugs within this population is associated with increased sexual risk taking. There is a need for specific services to address sexual risk taking within this population. A clinic was set up to deliver an MI based intervention to gay men who engage in “high risk” sexual activity, including unprotected anal intercourse. This is a case study of one of the patients referred to this clinic.

**Aims** The patient is a 47-year-old gay man with a long standing diagnosis of HIV; he has had a number of other STI’s in the past. He was engaging in a high frequency of unprotected anal intercourse (both single partner and group sex) with partners he met on the internet. He reported always using recreational drugs during sex sessions. The aim of the intervention was to reduce the frequency of the patient’s unprotected sex, thereby reducing patient’s risk of acquiring and/or transmitting STIs.

**Methods** Intervention consisted of five individual sessions of MI with a Clinical Psychologist over a period of 3 months.

**Results** After five sessions, the patient reported discontinuation of all recreational drugs, a reduction in the volume of sexual encounters, an improvement in mood and increased satisfaction with his sex life.

**Discussion** This clinical case study provides preliminary data to support the value and the appropriateness of MI for sexual risk reduction coupled with recreational drug use. Despite the level of complexity of the patient’s presenting problems, MI proved to be an effective intervention. Further research is needed to investigate the efficacy of MI for sexual risk reduction with this population.