chlamydial and gonococcal infections were negative, including throat swabs. Treponema pallidum (TP) antibodies were positive, RPR = 1:256. He was recalled and started on doxycycline for both secondary syphilis and possible LGV. Two weeks later his lymphadenopathy had greatly reduced in size. His original lymph node biopsy was retrieved and TP immunostaining was performed, which revealed a profuse infiltrate of spirochetes.

Conclusion This case highlights the need for clinicians from all specialities to be alert for the many clinical manifestations of syphilis currently prevalent in MSM. Wider use of TP immunostaining in relevant specimens is warranted.

P176 SCARS OF VENUS…AND AESCULAPIUS

doi:10.1136/sextrans-2012-050601c.176

S Stockwell,* J van der Walt, J A White. *Guy's and St Thomas' NHS Trust, London, UK*

Background The lymphogranuloma venereum (LGV) epidemic continues unabated in UK men who have sex with men (MSM). Whatever its presentation, prompt recognition of LGV can be challenging.

Aim We describe a case of LGV inguinal syndrome identified too late to prevent major surgery.

Case report A 46-year-old HIV-positive MSM presented to A&E on a Saturday with a 3-day history of a painful left groin lump. He was stable on Atripla with CD4 count 400 cells/ml. He had a tender left inguinofemoral mass and the surgical team took him to theatre for suspected incarcerated femoral hernia. At operation they found instead a large necrotic lymph node and excised it. The patient self discharged the next day. Two weeks later he presented to the GU clinic as a syphilis contact. He mentioned his recent surgery and review of the histology report from the excised node showed "appearances consistent with LGV or cat scratch disease…also a vigorous periadenitis and syphilis should be considered." Abdominal examination revealed a 25 cm recent surgical scar in the left iliac region. There was penile oedema with sclerosing lymphangitis. A small round subpreputial ulcer was found; it was non-tender and had a rolled edge. There was no perianal or anal lesion. Dark ground microscopy from the ulcer was negative. Rectal and urethral swabs showed no pus cells. The patient was treated with 21 days doxycycline for suspected LGV as well as to cover early syphilis. *Chlamydia trachomatis*: RNA was detected from the ulcer, first catch urine and rectal specimens. The ulcer tested negative for herpes simplex and TP DNA. All gonococcal tests were negative. LGV-specific DNA was detected from the ulcer but not the rectal swab. TP antibodies were positive with an RPR titre of 4. TP immunostaining of the node biopsy was negative. All clinical signs had resolved by the end of the 3-week doxycycline course.

Conclusion/Learning points This case highlights that LGV may still evade detection in both A&E and surgical departments. Awareness of LGV remains poor outside of GUM.

P177 INVESTIGATING THE COST-EFFECTIVENESS OF INTEGRATED PRENATAL HIV/SYPHILIS SCREENING TO PREVENT ADVERSE PREGNANCY OUTCOMES IN CHINA

doi:10.1136/sextrans-2012-050601c.177

K Owusu-Edusei,* G Tao, T L Gift, Y Tun, M L Kamb, X Wei, L M Wang, M Bulterys. *Centers for Disease Control and Prevention*

Background The need to scale-up integrated prenatal HIV/syphilis screening in China has increased in the last decade owing to recent increases in syphilis and HIV cases.

Objectives In this study, we assess the health and economic outcomes of integrated HIV/syphilis screening to prevent adverse pregnancy outcomes in China.

Methods A Markov cohort decision analysis model was used to examine the health and economic outcomes of pregnancy using data from published literature and local data. Adverse pregnancy outcomes examined included miscarriage, induced abortion, congenital syphilis, stillbirth, low birth weight, mother-to-child HIV transmission and neonatal death. We examined four screening strategies; No-Screening, HIV-Only, Syphilis-Only and HIV-and-Syphilis. We estimated Disability-adjusted life years (DALYs) for all health outcomes. The life expectancy of the child and mother were the analytic horizon.

Results Preliminary results indicated that for a cohort of 10 000 pregnant women (0.07% prevalence for HIV and 1.5% for syphilis; 20% of HIV+ had syphilis), the HIV-Only strategy prevented 1 case of mother-to-child HIV transmission and resulted in 2 induced abortions; the Syphilis-Only strategy prevented 3 stillbirths, 2 miscarriages, 15 cases of congenital syphilis, 6 cases of low birth weight and 1 neonatal death, but resulted in 35 induced abortions. The HIV-and-Syphilis strategy prevented the sum of the outcomes prevented by the HIV-Only and Syphilis-Only strategies. Estimated costs per DALYs prevented were: Syphilis-Only, $38; HIV-and-Syphilis, $122; HIV-Only, $5806.

Conclusions Integrated prenatal HIV/syphilis screening is more cost-effective than HIV-Only screening. This is largely due to the relatively higher prevalence of syphilis and the substantially lower cost of treatment.

Other

P178 IS PUNISHMENT AND CRIMINALISATION OF HIV TRANSMISSION JUSTIFIED?

doi:10.1136/sextrans-2012-050601c.178

M D Phillips,* S Clegg. *Bolton Centre for Sexual Health, Bolton, UK*

Aim To examine why it may be acceptable to punish HIV positive individuals for unintentionally transmitting HIV through consensual sex.

Method Key issues for criminal punishment include deterrence, retribution, rehabilitation and incapacitation. This framework was applied to the justification of criminal prosecution for non-intentional transmission of HIV through consensual sexual intercourse.

Results

Retribution This includes pain inflicted or rights removed (such as freedom) in response to an action. Criminal law is retributive. However, in England and Wales, prosecution occurs for "reckless transmission" not reckless endangerment. It is legal to take a chance, but illegal if a certain outcome occurs.

Deterrence A threatened legal sanction may prevent crime through fear of retribution. Criminalising transmission of HIV to an unknowing partner may increase disclosure. This approach is flawed. (1) The charge of reckless transmission needs the HIV positive person to know they are probably or definitely infected: criminalisation may prevent testing. (2) Criminalisation is counterintuitive to placing responsibility for an individual's sexual health with themselves, not with someone else. (3) Criminalisation stigmatises the HIV positive community.

Rehabilitation Rehabilitation in prisons is not perfect, with 39.3% of those with convictions being re-convicted of crime in 2009. Any change in behaviour in the absence of specialised programmes may be due to deterrence.

Incapacitation It is difficult to practise safer sex in prison as there may be a higher risk of coercion, sex work and covert sex. Sexual healthcare in the prison setting is unlikely to be equal to community