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

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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

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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?

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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

sexual healthcare. Incapacitation cannot justify criminalisation in this case.

Conclusion Prosecution for non-intentional transmission of HIV through consensual sexual intercourse satisfies few of the justifications for punishment. The case for criminal sanctions should be reconsidered.

P179 LIFE-TIME AND RECENT RECREATIONAL DRUG USE IS MORE COMMON AMONG MEN WHO HAVE SEX WITH MEN COMPARED TO OTHERS ATTENDING SEXUAL HEALTH CLINICS

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Background Data on the frequency of recreational drug use (RDU) are collected at a population level through representative national surveys (eg, British Crime Survey). Anecdotally it appears that RDU is more common in men who have sex with men (MSM), but there are few systematic data to prove this. The aim of this study was to investigate the pattern of RDU in patients attending a sexual health clinic and to determine whether drug use was greater among MSM.

Methods We administered a questionnaire to all patients attending the sexual health clinics at two inner-city London teaching hospitals over a 3-month period (July 2011—September 2011). The questionnaire was self-completed by patients while waiting to see a clinician. Data were collected on age, gender, gender of sexual partner(s) and previous/current RDU (type and frequency of drugs used).

Results 1328 questionnaires were completed (mean±SD age 30.5±8.5 years, 54.9% female); 254 (19.1%) were MSM. Life-time use of all drugs, except cannabis, was more common in MSM; last-month use of all drugs, except cannabis, cocaine powder and amphetamine, was more common in MSM (abstract P179 table 1).

Abstract P179 Table 1 Frequency of lifetime and last month use among the men who have sex with men (MSM) and non-MSM respondents

	Lifetime use			Last-month use		
	MSM (%)	Non-MSM (%)	p Value	MSM (%)	Non-MSM (%)	p Value
Cannabis	62.7	58.4	0.23	10.2	9.2	0.62
Cocaine (powder)	48.6	32.8	<0.001	4.3	2.6	0.14
MDMA (pill)	40.8	30.8	0.002	2.7	0.9	0.02
Mephedrone	23.9	12.2	<0.001	3.1	0.1	<0.001
Ketamine	33.7	17.3	<0.001	3.5	0.5	<0.001
Volatile nitrites	71.4	26.9	<0.001	18.4	0.4	<0.001
Sildenafil (Viagra)	43.5	15.7	<0.001	11.8	0.5	<0.001
Amphetamine	29.8	21.2	0.003	0.8	0.3	0.23
Gamma-hydroxybutyrate (GHB)	22.7	11.1	<0.001	2.4	0.1	<0.001
Gamma-butyrolactone (GBL)	16.1	8.8	<0.001	3.1	0.1	<0.001
Methamphetamine	16.9	9.0	<0.001	1.2	0.2	0.02

Conclusion Sexual health clinics provide an ideal forum to identify individuals using recreational drugs and to implement behavioural interventions and education programmes to promote safer RDU, reduce drug-related harm and, in view of the association between RDU and high risk sexual behaviours, to decrease the risk of subsequent STIs. Our data show that both life-time and last-month use of most recreational drugs are more common in MSM and therefore interventions should be targeted to this population.

P180 VULVAL PATHOLOGY IN HIV POSITIVE WOMEN ATTENDING A TERTIARY VULVAL DERMATOLOGY CLINIC OVER A 5-YEAR PERIOD

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Background Studies have suggested that HIV infected women are at increased risk of developing invasive vulval carcinoma and recurrent herpes simplex type 2 (HSV-2) reactivation.

Objective To describe the spectrum of HIV associated vulval disease in women attending a tertiary dermatology referral centre in a busy urban setting.

Methods A retrospective case note review of all HIV positive women seen in the vulval dermatology clinic from January 2007 to January 2012.

Results 11 women were identified (see abstract P180 table 1). 9 (81%) were black Africans. The mean age at vulval disease diagnosis was 37 years. Most (81%) were already known to be HIV infected and on combined antiretroviral therapy (cART). There were six cases of undifferentiated vulval intra-epithelial neoplasia (uVIN) (43%) with two cases being diagnosed prior to an HIV diagnosis. The three cases of HSV-2 occurred in women with near-complete immune restoration on cART. Six women remain under regular dermatology follow-up, a median of 20 months since diagnosis.

Abstract P180 Table 1 HIV positive women seen in vulval dermatology clinic 2007 to 2012

Case	Vulval diagnosis	On cART*	CD4 (cells/μl)*	VL (copies/ml)*
1	Multifocal uVIN	NA	NA	NA
2	Multifocal uVIN	Yes	761	235
3	Multifocal uVIN	Yes	479	97
	HSV-2	Yes	351	20
4	Lichen simplex chronicus	Yes	502	366
	Condyloma	Yes	975	20
5	uVIN	NA	NA	NA
	Vulval lichen simplex	NA	NA	NA
6	SCC in situ outer aspect labium majus	Yes	268	40
7	uVIN	Yes	318	71
8	Chronic hypertrophic HSV-2	Yes	590	40
9	Multifocal uVIN of Bowenoid type	Yes	826	88
10	Recurrent HSV-2	Yes	784	63
11	Eczema	Yes	62	30 441

*At time of vulval diagnosis.

Conclusion There were no cases of invasive vulval carcinoma. HSV-2 may cause atypical disease even in the context of near-complete immune reconstitution on cART. Most women with vulval disease were already under HIV care, on cART and had a CD4 cell count above 200 cells/μl.

P181 MANAGEMENT OF RECURRENT VULVOVAGINAL CANDIDIASIS AND RECURRENT BACTERIAL VAGINOSIS IN NORTH EAST LONDON NETWORK FOR SEXUAL HEALTH AND HIV (NELNET)

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Background Recurrent Vulvovaginal Candidiasis (VVC) and Bacterial Vaginosis (BV) are common, associated with significant morbidity, often impact on psychological well-being and can be