Background In HIV-positive individuals clinicians observe a broad range of skin conditions like xerosis, tumours, rash and drug-induced exanthema as well as common skin infections caused by bacteria, fungi and viruses. Beyond this, some reports point out a higher incidence on atopic conditions like atopic dermatitis (AD), sinusitis, asthma and laboratory findings like hypereosinophilia and Hyper IgE.

Methods Between May and November 2006, 196 patients of the HIV outpatient department of the Clinic for Dermatology, Venerology and Allergology at the Ruhr University Bochum underwent a dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination.

Conclusion Furthermore, compared to pre-existing literature for the first time a negative correlation was found between the CDC Category and CD4 count, 2M A Gomberg, 3Y A Baykov. 'Stavropol State Medical Academy, Stavropol, Russian Federation; ‘Moscow Research and Clinical Centre for Dermatovenereology, Moscow, Russian Federation; ‘Shpakov Central Regional Hospital, Mikhailovsk, Russian Federation

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Results Furthermore, a negative correlation was found between the CDC Category and CD4 count. Exclusively CD4 (3/36) with severe AD. Neither with pruritus and viral load nor with CDC Category a correlation was found. Between May and November 2006, 196 patients of the HIV outpatient department of the Clinic for Dermatology, Venerology and Allergology at the Ruhr University Bochum underwent a dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination. Skin conditions focusing on AD were measured by SCORAD (SCORing Atopic Dermatitis) and Erlanger dermatological examination.

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Poster presentations

P2.109 SEXUAL TRANSMISSION OF BACTERIAL VAGINOSIS WITHOUT EXPOSURE TO SEMINAL FLUID


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Background The pathogenesis of BV is poorly characterised although there is considerable evidence that it is sexually transmitted. Some have suggested that the alkalinity of semen may be a factor. We report a case of suspected sexual transmission of BV from a prostatectomized male to a female.

Methods Case report from a prospective study of behavioural factors influencing the vaginal flora wherein women collect daily self-obtained vaginal slides and behavioural data. Slides are Gram stained and interpreted according to Nugent criteria. Women are encouraged to present for evaluation if symptoms occur.

Results A 51 year old female complained of new onset vaginal irritation for one day. She denied discharge, pruritus, or odour and had not recently douches. She was sexually active with one partner, a male who had undergone a radical prostatectomy. Her last unprotected intercourse occurred 3 days prior to onset of symptoms and prior to that she had been abstinent for 6 weeks. A slide obtained the day before her sexual exposure had a Nugent score of 0. Repeat gramme stain revealed BV with a Nugent score of 8. Her male partner admitted to unprotected sex 6 days prior to their encounter with another female. A vaginal slide obtained from that partner revealed BV with a Nugent score of 8.

Conclusion To our knowledge, this is the first report documenting sexual transmission of BV from a male to a female in the absence of semen. The onset of symptoms and her sexual history indicates that the incubation period for BV was 72 hours. It is likely that the patient’s male partner became colonised in his distal urethral or coronal sulcus with BV organism(s) after he had unprotected sexual intercourse with his other female partner and transferred those organism(s) on desquamated epithelial cells to our patient during unprotected sex.