Conclusion Urinary calprotectin had similar sensitivity and specificity for common urethral pathogens as urethral microscopy. Low calprotectin concentration correlated well with the absence of inflammation. Use of the assay is currently limited by the unknown dilution effect of urine in estimating urethral calprotectin concentrations but calprotectin is a promising biomarker of inflammation in investigating reproductive tract infections (RTI) of different aetiologies particularly where microscopy may not be available, such as in community settings.

P2.114 CONFECTION OF TREPONEMA PALLIDUM AND CYTOMEGALOVIRUS (CMV): A COMPLICATED CASE OF A NEWBORN IN HUNGARY


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Background Although congenital syphilis and congenital CMV infections are preventable they are still the major causes of perinatal mortality and morbidity. Expectant mothers from lower socioeconomical status and intravenous drug users belong to the highest risk groups for vertical transmission of infections. Here we present a coexistence of congenital syphilis and CMV infection complicated with multilple jejunal atresia.

Methods Clinical analysis, serological and PCR examinations.

Case presentation 990 grams, 38 cm height (pc.75–91) girl was born to an intravenous drug user mother on the 26th gestational week. The expectant mother did not participated in the prenatal care and early latent syphils (RPR 1:128 positive, TPPA and TpELISA positive), genital Streptococcus agalactiae and fungal infections were detected shortly before delivery.

The preterm and immature girl had jaundice, oedema, gluteal haematomat and petechiae. Extremely enlarged liver and spleen (reaching the hip bone) and increased muscle tone with rigid joints were found. Multiple jejunal atresia was detected by bedside X-ray examination.

Anosocytosis, thrombocytopenia, elevated liver enzymes (ASAT: 3850, ALAT: 558, GGT: 292, ALP: 436) and elevated LDH (38180) with direct hyperbilirubinaemia were found. Anisocytosis, thrombocytopenia, elevated liver enzymes (ASAT: 3850, ALAT: 558, GGT: 292, ALP: 436) and elevated LDH (38180) with direct hyperbilirubinaemia were found. During microbiological examinations high copy of CMV virus number was detected by quantitative real-time PCR and syphilis serology was positive (RPR: 1:16 positive, TPPA, TpELISA, T. pallidum IgM immuno blot positive).

Intravenous penicilline-G (100.000 IU/kg/dose for 10 days) and intravenous ganciclovir was administered. Ganciclovir was stopped after 4 weeks because of progressing thrombocytopenia. The multiple jejunal atresia was fixed by operation resulting in satisfactory intestinal passage.

Conclusions Although syphils screening test within the prenatal care is mandatory in Hungary, congenital syphils cases do occur. Immature immune system is predisposing factor for cofections of a newborn. The symptoms of T. pallidum and CMV infection is very similar, presenting a diagnostic challenge.

P2.116 GENITAL ULCER, NOT ALWAYS A CLASSIC SEXUALLY TRANSMITTED DISEASE: CASE REPORT OF VULVAR TUBERCULOSIS


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Background Tuberculosis is a very common disease worldwide. In 2010 there were 71000 cases reported in Brazil. The genital presentation has a prevalence of 8–10 million cases worldwide. The vulvar/vaginal involvement is less than 2% of the cases. The clinical presentation can be variable and genital ulcers (GU) can be confused with sexually transmitted diseases (STD) such as syphilis and chancroid.

Methods/results (case report) MJS, 73y, G9P9, rural worker, attended at a clinic specialised in genital infections at the State University of Campinas-(UNICAMP)-Brazil with dysuria and pain/burning in the vulva for 3months. Physical examination revealed ulceration of 3cm in small genital right lip with bilateral inguinal painless adenopathy. The ulcer biopsy showed chronic granulomatous inflammation and search for AFB and fungi by techniques of Gomori and Ziehl-Nielsen were negative. Vaginal bacterioscopy and serologies were regular. Vaginal wall biopsy with search and culture resulted positive for complex M.tuberculosis. The Mantoux test resulted in strong reaction-13mm and the AFB sputum (3samples) was negative. Chest radiography showed no abnormalities. It was introduced the treatment with isoniazid+rifampicin for 6months. After 60 days the patient presented ulcer resolution.

Conclusion The authors describe an unusual presentation of the disease, a painless chronic ulcer, for which differential diagnosis of GU by STD should be clarified. The isolation of M.tuberculosis in the culture of the ulcer is the gold standard for the diagnosis of genital tuberculosis. The ulcers caused by herpes virus, syphilis or chancroid are common, but it is essential to think of an infection by M.tuberculosis, especially in countries where the prevalence of the disease is high. It was suggested that the sputum of a subject with pulmonary tuberculosis when used as a lubricant during intercourse can transmit genital disease, making it an eventual STD. Chronic GU should be biopsied and the possibility of unusual etiologies should be considered.