Methods Study population was drawn from the KompNet HIV cohort. Inclusion criteria were: age ≥ 18 years, record of HIV diagnosis date (t0), record of CD4 count available ± 6 months from t0. Patients without month of HZ diagnoses were excluded. Study period was 1.1.1985–1.7.2010.

Incidences of all HZ events were estimated assuming Poisson distribution, uni-/multivariate Cox proportional Hazard ratio (HR) regression models were fitted to identify risk factors for a first HZ event. Independent variables were: sex, age at HIV diagnosis, HIV transmission route, ART status, CD4-value before HZ episode, immunosuppressive medication, mode of data documentation (retrospective/prospective).

Results Study population comprised 3,757 subjects (86% male, 66% MSM, 3% IVDU, 92% Caucasian), mean age at HIV diagnosis was 38 years, mean observation time was 5.8 years.

362 HZ events were recorded in 326 patients (8.6%), resulting in an HZ incidence of 16.7/1,000 PY overall and 16.1/1,000 PY for first HZ cases. Main risk factors associated with first HZ event were: no ART compared to an ART containing a non-nucleoside reverse-transcriptase inhibitor (NNRTI vs no ART; HR 0.530, $p < 0.001$) or a protease inhibitor (PI vs no ART; HR 0.624, $p = 0.004$), lower CD4-cell count (rise 100 cells/μl, HR 0.918, $p = 0.001$) and retrospective data documentation (HR 0.582, $p < 0.001$). No risk factors were: sex, age, HIV transmission route, immunosuppressive medication.

Conclusions According to former studies incidence of HZ in HIV-infected individuals was ~5 times higher than in the general population. Our study showed ART as important protective associated factor for HZ events. Reasons may be earlier HIV-diagnosis, more recent picturing of ART, and low IVDU proportion in our study.

P2.121 EARLY PRESENTATIONS OF KAPOSI'S SARCOMA IN HIV-INFECTED PERSONS WHICH WERE UNAWARE OF THEIR STATUS

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Introduction and Objectives Kaposi's sarcoma (KS) may be the first clinical indicator of AIDS; nevertheless there are no studies of KS features concerning HIV in Ukraine. So the aim was to study epidemiological and clinical peculiarities of KS in HIV-infected persons.

Materials & methods We were studying 176 HIV-positive patients with various skin manifestations: 90 females and 86 males aged 18–71 (mean 28.8±8.7) years. Serological status (New Low Blot - Bio-Radium) and clinical stage of the infection (CD3, CD4, CD8, CD16, and CD20 count - Becton Dickinson - USA) were determined according to WHO guidelines (2006).

Results Kaposi's sarcoma was determined in 27 (15.3%) patients: 13 (7.3%) patients with Kaposi's sarcoma were classified to be at clinical stage 3 of HIV infection, and 14 (8.0%) patients - at stage 4. The lesions were localised on the face, neck, mouth, hand and legs. Skin biopsies were compatible with Kaposi's sarcoma. The CD4 count was 200–350 cells/mm^3. None of 27 patients with Kaposi's sarcoma knew about his or her HIV status. They first visited dermatologist or cosmetologist. Some of them underwent cosmetic procedures (tattoo, piercing) during last five years. All of them had one another dermatosis or more: seborrhea (16 patients), mycosis (9), and herpes or papilloma virus infections (9). Patients were receiving ARV therapy and were on regular clinic surveillance.

Conclusions Kaposi's sarcoma lesions are often observed in untreated unaware immunocompromised HIV-infected patients, and may be the first clinical manifestation of AIDS. Clinical features of Kaposi's sarcoma should be the choice of the first examination in dermatological practise.

P2.122 HIV IS AN INDEPENDENT PREDICTOR OF AORTIC PULSE WAVE VELOCITY

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Background Patients with HIV infection are at increased risk of cardiovascular events. Many potential causes have been proposed, including immunodeficiency, chronic immune activation and traditional cardiovascular risk factors. However, metabolic and anthropometric abnormalities associated with HIV and antiretroviral therapy are likely to play an important role in cardiovascular disease development. These metabolic abnormalities are similar to the metabolic syndrome (MS), an established risk factor for cardiovascular mortality.

This study aimed to investigate the relationship between HIV infection and a surrogate measure of cardiovascular risk and compare this to the risk associated with metabolic syndrome.

Methods 90 patients with HIV and 113 without HIV underwent magnetic resonance imaging to determine aortic pulse wave velocity (PWV), a clinical measure of aortic stiffness, predictive of cardiovascular mortality. Subjects were divided into 4 groups: (1) HIV-ve/MS-ve, (2) HIV-ve/MS+ve, (3) HIV+ve/MS-ve and (4)HIV+ve/MS+ve.

Results Aortic PWV was 16% higher in the HIV+ve/MS-ve group when compared to HIV-ve/MS-ve (6.2 ± 1.9 vs 5.4 ± 1.0m/s, $p = 0.008$) and similar to that observed in the HIV-ve/MS+ve group (6.2 ± 1.9 vs 6.3 ± 1.7 m/s, $p > 0.99$). The HIV+ve/MS+ve group had 38% higher PWV than HIV-ve/MS-ve group ($p < 0.001$) and 19% higher PWV than HIV+ve/MS-ve subjects ($p = 0.049$). On multivariable regression age ($b = 0.07$, $p < 0.001$), systolic blood pressure ($b = 0.02$, $p = 0.02$) and treated HIV infection ($b = 0.62$, $p = 0.01$) were all independent predictors of aortic PWV (overall $R2 = 0.34$, $p < 0.001$).

Conclusion Treated HIV infection is associated with increased aortic stiffness. The magnitude of this effect of treated HIV is similar to that observed with the metabolic syndrome. Furthermore HIV and MS are additive in their detrimental effects on vascular function.

P2.123 OCULAR MANIFESTATIONS DURING HIV INFECTION IN BUKAVU, D.R.CONGO

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Background In our area, there are little data about ocular manifestations of HIV infection. This study aims to determine the prevalence of these manifestations in Bukavu, D.R.Congo.

Methods We conducted a prospective study in three large hospitals in the city of Bukavu in South Kivu, Eastern Democratic Republic of Congo, including the Provincial General Hospital of Bukavu, Panzi General Referral Hospital and General Referral Hospital of Kadutu, from March 2012 to February 2013. All HIV-positive patients with an available CD4 count were examined at the ophthalmology unit, we included from them, patients without refractive error.

Results Of 80 patients examined, 71 were selected including 49 women (69%) and 22 men (31%).

The mean (±SD) age was 39.1 ± 12.6 years. Ophthalmological examination was abnormal in 51 patients (71.8%) and normal in 20 patients (28.2%). Ocular complaint was recorded in 33.8% of patients. The primary lesion in the anterior segment was conjunctivitis (31%). The most common lesions of the posterior segment were cytomegalovirus retinitis (7.1%) and HIV retinopathy (5.7%). The mean CD4 count in our study was 206.8 ± 229.8 cells/mm^3.

71.4% of patients with ocular manifestations had a CD4 count less than 200 cells/mm^3.

Ocular manifestations and CD4 cells count, no significant statistical relationship was found (P = 1,0000).

Conclusion With access to antiretroviral therapy, ocular manifestations of HIV/AIDS are increasingly less frequent. Ocular manifestations were not related to the CD4 cells count in this study.

This study, the first in our area, will guide the ophthalmologist and let him play its role mainly in the diagnosis and care of patients.

P2.124 DERMATOLOGICAL CONDITIONS IN HIV INFECTED PATIENTS IN TURKEY

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Background Dermatological conditions are common manifestations in HIV infected patients. They may appear as the initial presentation of HIV infection, during the course of the infection or as adverse events due to antiretroviral treatment. The aim of this study was to determine the prevalence of skin diseases in HIV infected patients monitored in an infectious diseases clinic in Turkey.

Methods This study included HIV positive patients monitored in the Department of Infectious Diseases and Clinical Microbiology (IDCM), Faculty of Medicine, Ege University, Izmir, Turkey. According to a protocole between the Department IDCM and Department of Dermatology and Venereology, starting from February 2011, all patients presenting to the IDCM clinic for the first time with an HIV infection were screened for dermatological conditions on first visit and on each following visit by the infectious diseases physician. In addition, patients who have been monitored in the same clinic were questioned for any dermatological complaints on each visit. Patients with a dermatological condition were referred to the Dermatology and Venereology Clinic for further diagnosis and treatment. The records of the patients were reviewed retrospectively.

Results The study comprised 187 HIV-infected patients from February 2011 to February 2013. Twenty-four patients (12.8%) were diagnosed with 40 dermatological conditions. While 16 patients (66.6%) had only one dermatological condition, 8 patients had more than one condition (3 patients with 2 dermatological manifestations, 2 patients with 3, 2 patients with 4 and 1 patient with 5). The most common dermatological manifestations were herpes genitalis (3 patients) and genital warts (3 patients), followed by molluscum contagiosum (2 patients).

Conclusion Through screening of HIV-infected patients for skin manifestations and collaboration with the Dermatology and Venereology Clinic may result with earlier diagnosis and treatment of the skin disease and a higher quality of life for the patient.

P2.125 TEMPORAL ORDER OF INFECTION WITH HPV AND C. TRACHOMATIS INFECTION IN THE DEVELOPMENT HIGH-GRADE CIN

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Interaction between HPV and *C. trachomatis (CT)* in cervical carcinogenesis is not well understood. We studied the joint effects of HPV and *CT* on the risk of developing high-grade CIN or adenocarcinoma in situ (AIS). In a cohort of 94,349 women with prediagnostic paired serum samples, 490 women developed cervical CIN3/AIS. Serum IgG antibodies to HPV6/16/18/31/33/45 and *CT* were measured by ELISA. Control group consisted of a subcohort of 2976 women without CIN3/AIS. The cutoff antibody levels for different HPV types were predefined. *CT* antibody level was defined as negative or positive. Rate ratios (RR) and variances were estimated by Cox model. Since we were interested in the risk associated with the temporal order of infections, the reference group was dual seropositivity at the first serum sampling. When comparing the temporal exposure, we noted high RR of CIN3/AIS for incident *CT* and hrHPV clade A7 (HPV18/45) infection (RR 25, 95% CI 3.8, 170) compared to the reference group. Concomitant incident infection with HPV18 and *CT* or HPV45 and *CT* was associated with very high risk for CIN3/AIS. Adjustment for HPV16 had no effect on the point estimates. The high risk associated with incident (within on average 2.4 years) *CT* and HPV18/45 infections is in line with the HPV16- independent role of *CT* in the development of CIN3/ICC shown before. In conclusion, the temporal order of infections has an effect on the development of CIN3/AIS. The risk associated with concomitant *CT* and HPV18/45 infection suggests that HPV vaccination and screening for hrHPV and *CT* play significant roles in cervical cancer prevention.

P2.126 KAPOSI´S SARCOMA PATIENT PROFILE IN THE COHORT OF THE GERMAN COMPETENCE NETZWORK HIV/AIDS

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Background The aim of this study is the acquisition and description of patients with HIV-associated Kaposi-sarcoma (KS) from the cohort database of the competence network for HIV/AIDS.

Patients and Methods Data from patients with diagnosis of KS from 9 centres of the competence network for HIV/AIDS were evaluated. The baseline characteristics at the time of the initial KS diagnosis were described. Recurrence and survival probabilities were estimated by means of Kaplan-Meier curves. The influence factors for survival were analysed with multiple Cox regression models. As potential risk factors for the mortality risk the CD4- and CD8 cell count, HIV-viral load value, antiretroviral therapy (ART), chemotherapy and the patient's age were evaluated.

Results In the period of 1987–2011 KS was diagnosed in 222 study participants, 97.7% were men and 2.3% women. The most common HIV-transmission risk was MSM (88.3%). The median age was 38.5 years (min. 23.4; max. 76.8). 70.5% of the patients showed exclusively cutaneus presentation. The median value of HIV viral load was 37,000 copies per ml at the initial diagnosis of KS. 55.5% of the patients had a CD4 cell count under 200/µl. A KS therapy was documented for 198 patients. The 222 study participants were clustered according their therapies; ART only and ART in combination with other treatments, e.g. liposomal doxorubicin or other chemotherapeutic regimen, local excision, radiation and/or interferon-alpha. It was shown that about 80% of the patients had no recurrence after the therapies and 18 patients died. The *5 and 10-year survival*