

The mean (\pm 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/mm³.

71.4% of patients with ocular manifestations had a CD4 count less than 200 cells/mm³.

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 NETWORK 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 cutaneous 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