

probabilities were 96.8% and 91.3%. In addition it was shown by the Cox-model that patients with higher CD4 and patients without ART before KS diagnosis had a significant lower mortality risk.

Conclusion A low CD4 cell count at KS diagnosis is an important predictor for mortality.

P2.127 PRESENTATION OF LYMPHOGRANULOMA VENEREUM (LGV) IN 2012 IN THE REFERENCE STI UNIT OF BARCELONA

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Since 2003 LGV outbreaks have been reported in different European cities in men who have sex patient men with high-risk sexual behaviours. In the majority of cases the most common clinical presentation was a rectal syndrome described as an acute proctitis. In Barcelona during 2012 the most common clinical presentation was proctitis, but revealed an increase in cases of LGV extrarectal location.

Objective To analyse LGV cases that have been diagnosed in 2012 in the reference STI Unit (UITS) Drassanes of Barcelona.

Methods Retrospective descriptive study. Review of epidemiological data, clinical presentation, physical examination and results of mentioned cases has been conducted.

Results In 2012 fifty-two cases of LGV in UITS were diagnosed, 8 of them in an extrarectal location. All of them were male: 50 were MSM and 2 bisexual men. Co-infection with HIV was 65%, decreasing to 50% in the extrarectal location. 11.5% of them had a history of previous LGV and 36.5% had a sexually transmitted infection in the previous 12 months. The most common clinical presentation was proctitis (65%), other clinical manifestations were urethritis, inguinal syndrome and anogenital ulcers. 21% were diagnosed by contact study (half for LGV and half for other STI) and one case was diagnosed by screening in an asymptomatic patient.

Discussion Although during the last years the typical presentation of LGV has been proctitis, the extrarectal location has increased considerably in 2012. In this situation it is necessary to assess whether or not to request it in a urethral syndrome as ulcerative lesions, especially in men who have sex with men with high-risk sexual behaviours.

P2.128 GENITAL PRIMARY LYMPHOGRANULOMA VENEREUM

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Lymphogranuloma venereum (LGV) in Europe emerged in 2003 affecting mostly MSM. Rectal primary LGV causing proctitis has been by far de most common clinical manifestation. In Barcelona, with a cumulative number of around 200 cases up to 2012, some cases have appeared with extrarectal manifestations since 2008. We report two cases in MSM with genital primary LGV mimicking primary syphilis.

Case 1. A 29-year-old HIV-positive man presented with a genital chancre and inguinal lymphadenopathy of 10 days' duration. He reported 5 casual partners the last 3 months. Although dark-field exam was negative the patient was treated with benzathine penicillin G 2.4 million units. He was seen 4 days later without improvement, with buboes and genital edema. A swab from the ulcer was positive for LGV and negative for syphilis and chancroid by PCR. A diagnosis of bubonulus was made, and the patient started doxycycline 100 mg/12 h for 21 days. He improved persisting a small residual soft mass on the shaft of the penis.

Case 2. A 37-year-old HIV-negative man presented with a genital ulcer and lymphadenopathy of 2 days' duration. He had multiple

unprotected casual partners in sex parties 3 days before. Three consecutive dark-field exams were negative. Five days later the ulcer persisted like a chancre and inguinal buboes were more evident. LGV was detected from the ulcer while syphilis and herpes were negative by PCR. The clinical manifestations resolved quickly after completion of treatment with doxycycline as above.

Cases with non-rectal lesions would be expected as LGV spreads. When present, the most common presentation of the primary lesion in the genitalia is a nonindurated herpetiform evanescent ulcer. Clinicians must be vigilant to the evolving faces of LGV, be prepared to recognise the full manifestations of this disease and consider LGV in the differential diagnosis of genital chancre.

P2.129 PREVALENCE OF MALARIA IN HIV PATIENTS UNDER COTRIMOXAZOLE, CASE OF KINDU, MANIEMA, D.R.CONGO

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Background Malaria and HIV/AIDS are common in sub-Saharan Africa, their association aggravates the evolution of one another condition. HIV patients under cotrimoxazole have been reported to present less malaria cases. This study aims to determine the prevalence of malaria among HIV patients under Cotrimoxazole in Kindu.

Methods A sample of 1533 subjects, including 511 people living with HIV (PLHIV) attending the Voluntary Testing Centre (VCT) of the General Hospital of Kindu and 1022 controls was compiled. Thick and thin blood smears stained with Giemsa were used to search for asexual forms and determination of parasite species. The CD4 + lymphocytes count, in each patient was performed on FACS Count. We did a distribution of HIV patients in three groups according to the CD4+ range: 350 CD4+/mm³. Demographic data were recorded. The statistical analysis was performed on the software Epi Info 3.5.

Results 511 PLHIV 33.3% (95% CI, 31 –35.8) and 1022 controls 66.7% (95% CI, 62.2 to 69) are included in the sample. Females were dominant with 60.7% (95% CI, 58.2 to 63.2). The average age was 34.6 ± 12.6 years. The overall prevalence of parasitaemia 17.5% (268/1533, 95% CI: 15.6 to 19.6). Parasitaemia in PLHIV 13.7% (70/511) against 19.4% (198/1022) in controls (P < 0.05). Parasitaemia in PLHIV related to CD4 + was 16.4% (11/67) in the 350 CD4 +/mm³ (P < 0.05).

Conclusions Cotrimoxazole appears to protect PLHIV against malaria but there was not much difference with the controls.

P2.130 PENILE MONDOR'S DISEASE: AN UNDERDIAGNOSED AND UNDER-REPORTED BENIGN CONDITION

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Background Mondor's disease of the penis is usually a benign, self-limiting process of acute onset; associated with considerable psychological stress and sexual disharmony. Although it is not so uncommon, there have been few large studies.

Methods A retrospective review of 37 patients with penile Mondor's disease over a period of 2002–2010 was done. Detailed history and clinical findings were recorded. Histopathological examination and staining with CD31 and CD34 monoclonal antibodies was also done in 17 patients. Patients were followed up to see the response to treatment and recurrences.