The age of these patients ranged from 20–44 years. The patients presented with cord-like thickening on penis within 24–48 hours after a prolonged sexual act with or without an intercourse. Seventeen patients had history of one or more episodes of STDs at presentation or in the past. Histopathological specimens showed prominent vessels with plump endothelial cells and thickened blood vessel walls. Occasional vessel showed complete occlusion of its lumen. Doppler US done in 10 patients showed dorsal vein thrombosis without the flow signals in this area. Patients were treated with counselling, abstinance and paracetamol. Thirty patients had resolution of the swelling by 6–8 weeks with treatment only two patient required surgery. No recurrence or erectile dysfunction was noted in any of the patients in the follow up from 2 to 8 years.

Conclusions Penile Mondor’s disease has a favourable evolution and functional prognosis; although various etiologies have been proposed; trauma caused by sexual intercourse or masturbation is the main etiologic factor. Doppler US is a non-invasive diagnostic modality helpful in both diagnosis and follow-up, however further analysis of Doppler US findings in a larger number of cases needs to be done to elucidate the hemodynamic changes in this not so rare entity.

Background Chlamydial inclusion conjunctivitis caused by genital serovars of Chlamydia trachomatis (CT) is well-recognised, and usually thought to result from auto-inoculation from genital CT infection or direct sexual contact. In this case series we review nine patients with co-existing pharyngeal and conjunctival CT infection and hypothesise on the relationship between the two conditions.

Methods Retrospective analysis of 9 patients with pharyngeal and conjunctival CT infection. Diagnoses were made based on clinical findings and the detection of CT RNA by the Aptima Combo2 assay (Gen-Probe).

Results We found 9 cases of coexisting pharyngeal and conjunctival infection in men: 8 were men who have sex with men (MSM) and 1 was heterosexual. All but one MSM had participated in both receptive and insertive oral sex, with the final patient reporting insertive oral sex and rimming.

All patients were symptomatic with unilateral conjunctivitis; one had symptoms bilaterally. Four of the 9 patients had a normal anogenital examination, and only 1 patient had a sore throat. Six of nine patients also had rectal CT infection, with 1 equivocal rectal CT result. Only two patients had co-existing urethral CT infection. Two patients had solely pharyngeal CT, including the heterosexual man.

Conclusions Whilst traditionally thought to be a result of auto-inoculation from genital CT infection, we speculate that pharyngeal CT infection might be a more common source, or even a sequela, of CT conjunctivitis - at least in MSM. Alternatively, CT detected in the throat might be secondary to drainage of lacrimal fluid from a CT-infected eye. As CT conjunctivitis might be treated in isolation without comprehensive CT screening, or at most, with genital CT screening alone, we feel pharyngeal CT testing is indicated in all patients with CT conjunctivitis. The role of the nasolacrimal duct as a potential two-way conduit of infection requires further investigation.
Conclusions PCB is a benign condition, with characteristic clinical and histopathological features. Although various treatment modalities have been used, circumcision remains the treatment of choice. PCB is an expression of dysfunctional foreskin, moreover the curative effect of circumcision in 100% of our patients suggests that it is a non-specific reactive balanitis caused by a disturbed preputial-ecology.

**P2.134** OPHTHALMIC AND OTOLARYNGOLOGICAL MANIFESTATIONS OF SYPHILIS IN PATIENTS WITH HIV


I A Orlova, I O Sminova, A V Korobko, Y G Petunova, T S Smirnova, V U Dudko, I V Litvinenko, A B Piryatinskaya, N V Sminova, Saint-Petersburg State University, Medical Faculty, Saint-Petersburg, Russian Federation; Saint-Petersburg Dermatovenerologic Dispensary, Saint-Petersburg, Russian Federation

**Background** Recently noteworthy aspect of the problem is associated with an increase in cases of syphilis as part of mixed infection including HIV. Mixed infection syphilis and HIV alters the clinical picture and prognosis of both diseases.

**Methods** 316 patients with early forms of syphilis were treated in city hospital in St. Petersburg in 2006–2010. The study group included 155 patients with syphilis + HIV (10 - primary syphilis, 117 - secondary syphilis, 26 - early neurosyphilis). Control group - 163 patients with syphilis (14 - primary syphilis, 115 - secondary syphilis, 34 - early neurosyphilis). Ophthalmic and otolaryngological manifestations of syphilis were estimated.

**Results** Ophthalmic and otolaryngological manifestations of syphilis were diagnosed in 18 (11.8%) patients of study group and 4 (2.5%) - control group (p < 0.05). 12 and 2 patients with secondary syphilis, 6 and 2 patients with early neurosyphilis of study and control group respectively.

In none of the groups ophthalmic and otolaryngological manifestations in patients with primary syphilis were not determined. Specific papillitis (5 (3.3%)) and specific panuvet (5 (3.3%) as well as specific laryngeal neuropathy (1 (0.6%)) and specific bilateral hypoaclasis (1 (0.6%)) were identified only in study group. Specific anterior uveitis was detected in both groups (1 and 2 patients), specific angina (3 and 1 patients) and specific laryngitis (monochorditis) (2 and 1 patients) of study and control group respectively.

Among 18 patients of study group with ophthalmic and otolaryngological manifestations were 12 cases of secondary syphilis and 6 - early neurosyphilis. 1 patient showed simultaneous ophthalmic, otolaryngological disorders and diffuse neurological symptoms.

**Conclusion** Clinical manifestations of syphilis were more varied in patients with HIV. Ophthalmic and otolaryngological manifestations of syphilis were more common in patients with mixed infection syphilis + HIV, which may indicate a more severe course of syphilis in these patients.

**P2.135** SITUATION OF SEXUALLY TRANSMITTED INFECTIONS IN MOST HIV/AIDS RISK POPULATIONS (MARPS) IN 8 PROVINCES IN VIETNAM


K H Tran, P M T Pham, H D Nguyen, H T Quach, T T Vu, N T Do, A Q Chu, National hospital of dermatology and venereology, ha noi, Viet Nam; Viet Nam - USA collaboration HIV/AIDS Project on Prevention and Care (LIFE-GAP project) in Vietnam, Ministry of Health, ha noi, Viet Nam

**Background** Multiple studies have suggested that STIs (sexual transmission infections) are important cofactors in the transmission and acquisition of HIV infection. Thus control of one may have beneficial effects on the control of the other.

**Method** A descriptive cross sectional study of 2059 PLHIV and STIs were undertaken at 6 adult HIV outpatient clinics in Vietnam from 10/2008 to 11/2011 to determine the STIs situation among PLHIV.

**Results** Among 2059 PLHIV and STIs 48.2% (n = 991) were male, 51.8% (n = 1068) were female. The majority of PLHIV with STIs (n = 2010, 97.6%) are the ages of from 15 to 49 years, only 2.4% (n = 49) of patients over 49 years. 65.6% (n = 1350) of patients are diagnosed STI by etiologic approach. 34.4% (n = 709) of STI/HIV patients were diagnosed by syndromic approach. Among 336 male patients (n = 47.4%) diagnosed with STIs by syndromic approach. 80.1% (n = 269) patients had genitourinary discharge syndrome, 19.4% (n = 65) patients had genital ulcer syndrome. Among 373 female patients (n = 52.6%) diagnosed with STIs by syndromic approach, n = 190 (50.9%) patients had vaginal discharge syndrome. 148 (39.7%) had abdominal pain syndrome. Of 655 male patients etiologically diagnosed of STIs, 65.7% (n = 430) had genital warts due to HPV, n = 73 (11.2%) had genital ulcers due to HSV, n = 38 (5.8%) had gonorrhoea, n = 22 (3.4%) had Chlamydia trachomatis 3%. Of 695 female patients, n = 295 (42.4%) had warts due to HPV, n = 121 (17.4%) had vaginal ulcers due to Candida, n = 117 (16.8%) had bacterial vaginosis and n = 79 (11.4%) had ulcers due to HSV.