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.

**OPHTHALMIC AND OTOLARYNGOLOGICAL MANIFESTATIONS OF SYPHILIS IN PATIENTS WITH HIV**


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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 panuveitis (5 (3.3%) as well as specific laryngeal neuropathy (1 (0.6%)) and specific bilateral hypoaesthesia (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.

**SEXUAL TRANSMISSION INFECTION SITUATION IN PEOPLE LIVING WITH HIV (PLHIV)IN 6 PROVINCES IN VIETNAM FROM 2008–2011**


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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 at 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 urethral discharge syndrome, (19.4%) (n = 65) patients had genital ulcer syndrome. Among 573 female patients (n = 52.6%) diagnosed with STIs by syndromic approach, n = 190 (50.9%) patients had vaginal discharge syndrome, n = 148 (39.7%) had abdominal pain syndrome. Of 655 male patients etiologically diagnosed of STI, 65.7% (n = 430) had genital warts with human papillomavirus (HPV), n = 73 (11.2%) had genital ulcers due to Herpes simplex virus (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 fungal vaginitis due to Candida, n = 117 (16.8%) had bacterial vaginosis and n = 79 (11.4%) had ulcers due to HSV.
Conclusion In patients with STIs/HIV, when using syndromic approach nearly half of the male patients had urethral discharge syndrome and over half of female patients had vaginal discharge syndrome. Etiologically, genital warts due to HPV were the most common cause.

P2.138 SYNDROMIC MANAGEMENT OF VAGINAL DISCHARGE: IS IT JUSTIFIED?


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Introduction Vaginal discharge constitutes an important symptom in women attending gynaecology outpatient clinics. Some of these cases are due to sexually transmitted organisms such as N. gonorrhoeae, C. trachomatis and T. vaginalis and can lead to poor reproductive health and co-infection with HIV. The control of these infections can lead to substantial reduction in the transmission of HIV. Given the high cost of diagnosis, National Aids Control Organisation advocates syndromic management of patients with genito-urinary complaints and treatment with drugs that target the most frequent etiological agents. However, it can lead to emergence of antibiotic resistant strains due to overtreatment. Therefore, we tried to find out prevalence of these three pathogens in cases of symptomatic vaginal discharge and to determine the number of patients who were over-treated following syndromic approach.

Methods 320 non-pregnant women (16 – 60 years) attending the gynaecology outpatient clinic of VMMC & Safdarjung Hospital, New Delhi, with complaint of vaginal discharge and clinically suspected to be infected by N. gonorrhoeae, C. trachomatis & T. Vaginalis were recruited. Endocervical swabs were used for detection of these organisms by PCR.

Results Of the 320 subjects 24 (7.5%) were positive for C. trachomatis, 19 (5.9%) for N. gonorrhoeae & 13 (4.6%) for T. vaginalis. Furthermore, 8(2.5%) patients had co-infection of C. trachomatis & N. gonorrhoeae, 07(2.1%) had co-infection of C. trachomatis & T. vaginalis, 07(2.1%) had N. gonorrhoeae & T. vaginalis and 06 (1.8%) cases had C. trachomatis, N. gonorrhoeae & T. vaginalis. Infection was found in 49/320 patients with infection rate of 15.3%. Since all the patients (320) were treated the overtreatment rate was 84.6%.

Conclusion Cost-effective technology for simultaneous detection of these pathogens is urgently required in developing countries so that all clinically suspicious cases of vaginal discharge are given treatment only after confirmed diagnosis.

P2.139 SYNDROMIC REVIEW: SYNDROMIC MANAGEMENT OF VAGINAL DISCHARGE FOR TREATMENT OF GONORRHOEA AND CHLAMYDIA


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Background Syndromic management of vaginal discharge is common in both developed and developing countries. No systematic review has evaluated the performance of the WHO syndromic management algorithms as a case-management tool for symptomatic women. Our evaluation will inform health care professionals whether these algorithms have sufficient discriminatory power in identifying patients who would benefit from treatment for cervical infections.

Methods We conducted a systematic review and meta-analysis of diagnostic studies on syndromic management of vaginal discharge. We searched Medline, Embase and Global Health databases; we also searched relevant lists of references. We included the studies that reported their findings in sufficient detail to allow data abstraction for symptomatic women. Sensitivity, specificity and diagnostic OR (DOR) were used to evaluate the algorithms. ROC curves were pooled using the HSROC random effects model.

Findings We screened 896 abstracts for eligibility and included 101 articles for a full text review; 17 studies were included in the analysis. HSROC overall summary statistics were: sensitivity 0.58 (0.42–0.73), specificity 0.70 (0.61–0.78), DOR 3.25 (2.22–4.76) and sensitivity 0.81 (0.71–0.87), specificity 0.46 (0.40–0.52), DOR 3.71 (2.42–5.67) for the WHO algorithms without and with speculum examination respectively. For the algorithms that were modified to include local risk factors the overall sensitivity was 0.75 (0.51–0.90), specificity 0.58 (0.35–0.77) and DOR 4.18 (2.84–6.15) for the algorithms without speculum exam; sensitivity 0.70 (0.41–0.89), specificity 0.64 (0.42–0.82), DOR 4.24 (2.55–7.54) for the algorithms with speculum exam; and sensitivity 0.91 (0.68–0.98), specificity 0.54 (0.31–0.75), DOR 11.97 (4.93–30.0) for the algorithms with microscopy.

Interpretation Overall, diagnostic algorithms for the management of vaginal discharge had poor to moderate performance in symptomatic women. Incorporating locally-identified risk factors resulted in small improvement in the performance of the algorithms, however, considerable number of women were overtreated due to low specificity.

P2.140 TIME TRENDS OF C. TRACHOMATIS SEROTYPE DISTRIBUTIONS IN FERTILE-AGED WOMEN IN FINLAND


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Conclusion In patients with STIs/HIV, when using syndromic approach nearly half of the male patients had urethral discharge syndrome and over half of female patients had vaginal discharge syndrome. Etiologically, genital warts due to HPV were the most common cause.