examination. And on rectal smear microscopy, 31.5% had pus cells (OR 2.16, p < 0.001) and 44.1% had gramme negative diplococci with/without pus cells (OR 1.60, p = 0.016).

Algorithms using ano-rectal symptom as entry point had poor sensitivity (0.8%). The algorithm using receptive anal sex and/or complaint of ano-rectal discharge as the entry point, and subsequently using proctoscopic and/or rectal smear findings had a sensitivity, specificity and positive predictive value of 41.7, 66.3 and 17.5, respectively. By adding risk assessment, the algorithm performance values changed to 81.9, 20.1 and 14.9, respectively.

Conclusion Effectiveness of flow-charts for syndromic management of ARD is constrained by the asymptomatic nature of rectal NG/CT. Algorithms including receptive anal sex at entry point and applying risk assessment, clinical and rectal smear examination may be useful for management of rectal NG/CT in resource limited settings, until cheaper, reliable and feasible laboratory tests are made available.

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Background Psychosocial aspects of HIV infection and use of medications may be associated with dyspareunia. In middle-aged women there's also problems associated with climacteric symptoms that may influence the presence of dyspareunia, a topic not fully investigated in women with HIV in the ageing process.
Methods Cross sectional study involving 273 women aged 40–60 years. From these 128 women informed having sexual activities with vaginal penetration and were included in the present study. The evaluation instrument was based on the Short Personal Experiences Questionnaire (SPEQ). Sociodemographic, clinical, behavioural, reproductive, HIV issues and partner-related factors were assessed. Dyspareunia was defined as pain during sexual intercourse, graded from 1 to 6, where a score of 2 or more represented the presence of dyspareunia. A bivariate analysis was performed in which dyspareunia was considered the dependent variable according to the independent variables. The qui-square test was applied with Yates correction or Fisher's exact test.
Results A total of 41.4% (53) of these women reported dyspareunia. It was associated with low formal education (p < 0.10), vaginal dryness (p < 0.001), urinary incontinence (p = 0.02), muscular pain (p = 0.013), partner status HIV+ or unknown (p = 0.02), and use of statins (p > 0.05 and < 0.10). Dyspareunia was less prevalent in women who were in use or previously used biovir (p < 0.05) or efavirenz (p < 0.05). compared with non-users of these medications.
Conclusions Dyspareunia was common in this cohort of women associated with social, health, partner and medication factors and measures should be adopted to minimise the repercussions of these factors on sexuality.

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Condyloma acuminata is the infection caused by Human Papilloma virus. Condyloma acuminate are soft, skin coloured, fleshy warts, can appear solitary or in a group and can be both small and large. They appear in the vagina, on the cervix, around the external genitalia and rectum, in the urethra and anus. The warts can also appear in nasal,

oral and laryngeal form and occasionally occurs in the throat. The disease is highly contagious. The incubation period may take from one to six months Sexually transmitted diseases affect the sexually active population being in the reproductive age group and usually are being transmitted in venereal form. For treatment of genital warts, clinician and patient choose treatment based on morphology and distribution of lesions. During our studies have found that from 226 patients with CA 182 were male and 44 were female. Patients were aged 1–58 years. Treated with liquid nitrogen and own 196 of them were 159 male and 37 female. Treated with TCA were 30 persons, of whom 23 males and 7 females. Treatment with Liquid Nitrogen the majority of patients was extended after 10–15 mal treatment and subjective feeling easily tolerated by patients. Treatment with TCA was the majority of patient successful after first treatment, and the smallest number have had a need to be treated to three times, associated with more severe subjective feeling. Treatment with Liquid Nitrogen is boring, and TCA, although associated with more severe subjective feeling accepted as the most efficient method by patients.

- In total 14 patients smoker treatment was prolonged and resistant to two types of therapy.
- Relapse after treatments were more often in the group of patients treated with Liquid Nitrogen to 3% of patients.

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Previous studies have shown that a woman is more likely to be diagnosed with gonococcal (GC) infection during the first five days of her menstrual cycle (active menstruation) than during the rest of her cycle. However, no correlation has been established between risk of infection and the phase of a women's menstrual cycle at the time of exposure. In this study, risk of GC infection was correlated to female menstrual cycle phase according to the woman's stated date of last menstrual period and stated date of GC exposure.

Women ages 16–40 that presented to the Baltimore City Health Department STD Clinic as contacts of known GC positive sexual partners were enrolled. Risk of GC infection was compared to calculated phase of menstrual cycle: perimenstruational period (–5 to +5 days since LMP), late follicular (days 6–12), periovulatory (days 13–16), and early luteal (days 17 to –6 day since LMP).

58 female GC contacts were enrolled. Women who presented > 32 days after GC exposure or whose LMP was > 32 days at presentation where excluded. Of the 29 patients that met inclusion criteria, 11(38%) were GC negative and 18 (62%) were GC positive (by culture and subsequent NATs). Eighty percent (8/10) of women in the perimenstruational, 38% (3/8) in the late follicular, 80% (4/5) in the periovulatory, and 50% (3/6) in the early luteal phases were GC positive. Fifty-three percent (7/13) of HC users were GC positive.

Increased risk of GC infection during the perimenstrual period may be, in part, due to lower lactoferrin concentration, lower level of iron sequestration, and higher level of free iron in the female genital tract. Increased risk of GC infection surrounding ovulation may be due to higher lutropin receptor (known GC ligand) expression in the female GU tract at ovulation.

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