

P2.187 LEUCINE-RICH IMMUNOGLOBULIN-LIKE REPEATS (LRIG) 1, 2 AND 3 IN CERVICAL NEOPLASIA

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Leucine-rich immunoglobulin-like repeats (LRIG) 1, 2 and 3 in cervical neoplasia

Background Cervical neoplasms; invasive cancer and intraepithelial neoplasia (CIN), are sexually transmitted infections, HPV infection is the main etiological agent. Defining factors that are correlated to increased risk, diagnosis, prognosis and other clinical features are important.

Methods 129 invasive cervical cancers in stages IB to IV, 47 cases of high grade CIN, 59 cases of low-grade CIN and 64 biopsies from normal epithelium were consecutively recruited. The cervical biopsies were evaluated for LRIG expression, and a total of 15 other relevant biological tissue markers (tumour markers) in invasive cancer and CIN. A structured questionnaire, and serum estradiol and progesterone were included.

Results In early stages of invasive cancer LRIG 1 expression correlated to a favourable prognosis (90% vs. 64% survival), while the reverse was true for LRIG 2 expression (60% vs. 87% survival). Low expression of LRIG 1 and high for LRIG 2 indicated a very poor prognosis (26% vs. 66%). LRIG 3 expression had no impact on prognosis. Smoking and high serum progesterone correlated to absence of LRIG 1 expression.

In CIN both LRIG 1 and LRIG 2 expression increased with increasing severity of the lesion.

There was a correlation between LRIG 3 expression and HPV infection as well as three tumour suppressors (Rb, p53 and p16) and use of progestogenic contraceptives, whereas LRIG 2 correlated negatively to Rb. Both LRIG 1 and LRIG 2 correlated to expression of tumour suppressor FHIT.

Conclusion There seems to be biological roles for LRIG 1, LRIG 2 and LRIG 3 in HPV-associated cervical neoplasia. In invasive lesions LRIG 1 is associated with suppression, LRIG 2 with progression of the tumour, while the role of LRIG 3 remains obscure. In CIN LRIG expression correlates to a number of events associated with outcome.

P2.188 HYPOGONADISM AND ASSOCIATED FACTORS AMONG MEN WITH HIV INFECTION IN SHIRAZ, SOUTHERN IRAN

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Introduction Previous research in human immunodeficiency virus (HIV) infection indicates that hypogonadism is common in men with HIV infection, and may be the first or most sensitive endocrine abnormality. We examined the prevalence of hypogonadism and its association with some related factors among a group of HIV⁺ Patients in Shiraz-Iran.

Material and method: In this cross-sectional study, a total of 222 male HIV-positive patients referred to Shiraz voluntary counselling centre were recruited based on convenience sampling from May to October 2010. All patients provided informed consent and blood samples were collected after an overnight fast to measure free testosterone (FT) concentration, HGB, LH, FSH, and Prolactine. The body mass index (BMI) of all patients was also measured.

Results The mean age of the participants was 37.4 ± 7.4 years. Fifty four (24.32%) of the patients had developed AIDS, 180 (64%)

were HCV-positive and 23 (8.3%) were HBS-positive. About 42% of participants were on MMT programme. According to the BMI, 15.1% were underweight, 7.6% were overweight, and 0.4% was obese. Based on free testosterone (FT) level, 66.8% had hypogonadism and among them 30.8% were primary and 69.1% were secondary Hypogonadism. We divided participants to Hypogonadal (n = 84) and ugonadal (n = 133) groups. Based on univariate regression analysis, the results showed that decreased FT level were associated with age, methadone use (OR = 1.74, CI: 0.97–3.1), LH (OR = 0.91 CI: 0.87–0.95), HGB (OR = 0.788, CI: 0.69–0.89), BMI (OR = 0.88, CI: 0.79–0.98) and PRL (OR = 1.18 (CI: 1.09–1.28) but FT had not significant association with Diabetes, Smoking, Hepatitis and being on AIDS stage.

Conclusions The prevalence of hypogonadism was high. Increasing age, high level of serum Proloctine, lower body mass index and anaemia were associated with hypogonadism. Increasing one unit of LH and HGB could have a protective effect on hypogonadism.

P2.189 WHAT MATTERS MORE? TREATING MOLLUSCUM CONTAGIOSUM OR SCREENING FOR OTHER SEXUAL INFECTIONS - AN AUDIT OF CLINICAL PRACTICE

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Background Molluscum contagiosum (MC) is a common benign viral skin infection seen in children and adults. The mean duration of lesions is 8 months and resolution expected within 18 months. We planned to audit our clinic management of anogenital MC against the UK BASHH guidelines.

Methods All patients with a coded diagnosis of MC between January 2011 - September 2012 were identified; clinical data were collected from electronic patient records and analysed using an Excel database.

Results 96 patients were newly diagnosed with MC (19 female, 77 male); median age 25 (range 17–48) years. 15% always used condoms and 22% never; the rest mainly sometimes. 76% (72) had 1–2 partners in the preceding 3months. 3 patients were already known to be HIV positive. 96% (92) were offered STI screening and 88 screened. 92% were treated with cryotherapy, 2% podophyllotoxin +/- cryotherapy and 4% conservatively. 45% of cryotherapy patients re-attended, the rest did not. The median number of clinic visits required overall was 1 (range 1–10) but 3 for cryotherapy reattenders. 13 patients had concurrent STIs (prevalence 15%); Chlamydia (7), genital warts (5) and HSV (1). 6 patients with Chlamydia were aged < 25 years.

Conclusion The high prevalence of STIs emphasises the need to screen all patients with anogenital MC. We fell slightly short of the BASHH target of 100% screened for STIs. MC was mainly actively managed with clinic based treatments which have implications in terms of staff resources and patient's need to re-attend for a potentially self limiting condition. A clinical trial has demonstrated comparable efficacy with Imiquimod and cryotherapy; the former slower to work but fewer side effects. Conservative management could lead to autoinoculation and sexual transmission. Selected informed patients could be offered conservative management and home-based therapies can be offered prior to cryotherapy.

P2.190 NEUROSYPHILIS CASES IN THE HUNGARIAN NATIONAL STD CENTRE IN THE LAST 5 YEARS

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