A 50 year old HIV-positive British heterosexual male presented after returning from Thailand. He had developed a tender swollen left wrist. Urine NAAT for CT/GC was negative. He reported condomless oral and vaginal sex with multiple Thai females. Gonococcal tenosynovitis was suspected and extraan- 

tal NAATs and cultures for CT/GC were taken; NAAT for phsy- 

litis, gonorrhoea and chlamydia were negative.

Despite initial improvement she represented with recurrent symp- 

toms, microscopy and culture again confirmed Candida bac- 

species. Following a fourth presentation oral fluconazole 150 mg 

every 72 h x 3 followed by a weekly dose for three months was 

A 25 year-old, on Cerazette, presented to her GP with dis- 

charge and vulval itching; treatment with clotrimazole was effec- 

ive but symptoms recurred. In clinic, one month later, a clinical 

and microscopic diagnosis of VVC was made, she was treated 

with fluconazole plus econazole pessary and cream. HIV, syphil- 

is, gonorrhoea and chlamydia were negative.

Discussion We report a case of chronic Candida robusta VVC in 

a non-pregnant immunocompetent woman, which acquired fluco- 

nazole resistance and precipitated vulvodynia. Speciation and sen- 

sitivity testing are important in women with recurrent symptoms.

A 38 year old man presented for HIV testing following his male partner’s diagnosis. Examination revealed sys- 

tolic and decrescendo diastolic heart murmurs, palpable thrill, 

bounding pulses, and positive Corrigan’s sign. He had not tested 

previously for HIV or syphilis and had been in a monogamous 

relationship for 8 years. We describe this man who was asympto- 
matic – from both HIV and aortic valve disease – with incidental 
diagnosis of severe syphilitic aortitis following partner notifica- 
tion for HIV.

Results HIV antibody test was positive with baseline viral load 

239505 copies/ml and CD4 count 103 cell/μL (8%). Syphilis serology was positive with rapid plasma reagin (RPR) 1:4. CXR was unremarkable. ECG was consistent with left ventricular hypertrophy with strain. Echo revealed severe mixed aortic valve disease, left ventricular hypertrophy, good LV systolic function and normal aortic arch appearance. He commenced prednisolone 60 mg OD for 5d, 72 h before starting three weekly doses of 2.4 MU benzathine penicillin. He was admitted for 48 h for cardiac monitoring at the start of treatment – which proceeded with no complication. Multidisciplinary involvement with GU physicians, cardiologists and cardiothoracic surgeons was insti- 
gated from the start with aortic valve ± root replacement planned imminently.

Discussion Resurgence of syphilis in the UK was reported in the late 1990s with an ongoing epidemic since, mainly involving MSM. Cardiovascular syphilis typically occurs 15–30 years following primary infection with Treponema pallidum, with complications in 10% of cases. Could this man be amongst the first cases to develop tertiary syphilis in this latest epidemic?
Abstracts

Undergraduate Presentations: 3rd June 2015

U1  ASYMPOTOMATIC LYMPHOGRANULOMA VENEREUM IN KNOWN HIV POSITIVE MSM: IS IT MORE COMMON THAN WE THINK?
1Daniel Ward*, 1Meg Boothby, 1Penny Gould, 2Emma Hathorn. 1University of Birmingham, Birmingham, UK; 2Whittall Street Clinic, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK
10.1136/sextrans-2015-052126.39

Background/introduction The primary manifestation of lymphogranuloma venereum (LGV) infection in men who have sex with men (MSM) in the United Kingdom (UK) is haemorrhagic proctitis with very low levels of asymptomatic infection reported.

Aim(s)/objectives To evaluate LGV infection in MSM attending a large inner city sexual health and human immunodeficiency virus (HIV) clinic.

Methods Data was retrospectively collected on all MSM diagnosed with rectal Chlamydia trachomatis (CT) from 1st October 2010 to 30th June 2014. Information was collected on presentation, LGV diagnosis, HIV status, concurrent sexual infection, treatment and sexual contacts.

Results 583 MSM had a new diagnosis of rectal CT during the study period of which 173 (29.7%) were known to be HIV positive. 118 MSM (20.2%; 64 HIV negative; 54 HIV positive) underwent additional testing for LGV and 32 infections (26 HIV positive MSM) were confirmed. All asymptomatic LGV infections (n = 5; 15.6%) were diagnosed in HIV positive MSM whilst all HIV negative MSM with LGV infection were symptomatic.

Discussion/conclusion We report a higher incidence of asymptomatic LGV infection in MSM than previously reported. Whilst the number of confirmed LGV infections is low, results suggest screening for LGV infection may be appropriate in all HIV positive MSM with confirmed rectal CT regardless of symptomatology.

U2  WHAT DO MEN WHO HAVE SEX WITH MEN (MSM) TAKING POST-EXPOSURE PROPHYLAXIS (PEP) FOR HIV FOLLOWING SEXUAL EXPOSURE REPORT ABOUT THEIR RECENT SEXUAL RISK-TAKING BEHAVIOUR?
Joanna Moore*, Alex Pollard, Carrie Llewellyn. Brighton and Sussex Medical School, Brighton, UK
10.1136/sextrans-2015-052126.40

Background/introduction High-risk sexual behaviour plays a significant role in the increasing incidence of HIV infection among men who have sex with men (MSM) in the UK, despite the availability of post-exposure prophylaxis following sexual exposure (PEPSE).

Aim(s)/objectives Behavioural interventions to encourage safer sexual practices need to be effective and acceptable for their target population. Therefore, this study aims to identify the attitudes and interpretation of risk of MSM taking PEPSE.

Methods Data was collected as part of an ongoing randomised controlled trial evaluating a psychological intervention in reducing risk behaviour amongst MSM prescribed PEPSE. The intervention group received two 30-minute telephone interventions implementing augmented motivational interviewing. In this study, 30 participants were selected from the intervention arm and their interventions analysed for thematic content.

Results Themes included: circumstances of event that led to PEPSE; participant’s interpretation of risk; emotions associated with risk; disclosure of HIV status; value attributed to consequences of risk; and reason for seeking PEPSE.

Discussion/conclusion Risks were mostly reported in the context of unprotected anal intercourse (UAI) with casual partners, without discussion of HIV status. One theme that arose was the use of mobile phone applications to seek casual sexual partners. Reasons given for engaging in UAI included anxiety over suggesting condom use, engaging in UAI as a form of ‘self-harm’, and alcohol intoxication. Concern about the morbidity and stigma associated with HIV and the desire for relationships were motivating factors for avoiding HIV. PEPSE was frequently described as an insight into life-long antiretroviral therapy for HIV infection.

U3  DEMOGRAPHIC ASSOCIATIONS WITH GONORRHOEA INFECTIONS IN BRIGHTON
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10.1136/sextrans-2015-052126.41

Background/introduction Gonorrhoea is a public health problem due to rising incidence and antimicrobial resistance. Understanding drivers of infection locally is important for planning public health interventions.

Aim(s)/objectives Describe demographics, lifestyle factors and antimicrobial resistance of gonorrhoea infections in Brighton.

Methods A prospective study recruited 121 individuals with gonorrhoea. Participants completed a questionnaire and cultures underwent whole genome sequencing. Data from questionnaires and electronic records were anonymised and analysed.

Results Average age was 33.6 years, 7.4% were female, 91.3% were white, 80% were MSM, 6.3% bisexual males. 35.9% of MSM were HIV-positive. In MSM, multisite infection was common. MSM had on average 8 partners in 3 months before diagnosis, compared to 4 for heterosexuals. 71.6% reported visiting a sauna, sex party or the internet to find partners. Sex under the influence of drugs occurred in 39.1% of HIV-positive MSM, 36.4% of HIV-negative MSM and 27.3% of heterosexuals. Most commonly used drugs were mephedrone by MSM and cocaine by heterosexuals. Condom use was lowest in HIV-positive MSM. Previous STIs were more frequent in HIV-positive MSM, particularly syphilis (55% vs 9.1%). 66.9% were culture-positive. Resistance to >1 antibiotic occurred in 34.8% of HIV-positive MSM, 9.1% of HIV-negative MSM and 9.1% of heterosexuals.

Discussion/conclusion Condom avoidance, frequent partner change and sex under the influence of drugs are common in both HIV-positive and HIV-negative MSM, raising concerns about HIV transmission. Antibiotic resistance is more common in HIV-positive MSM, concuring with the national surveillance programme. Effective interventions targeting this group are needed.