Abstracts

Abstract P31 Table 1 Distribution of lesions

<table>
<thead>
<tr>
<th>Distribution of lesions</th>
<th>Kilianorrhagia</th>
<th>2 Syphilis</th>
</tr>
</thead>
<tbody>
<tr>
<td>100% Weightbearing</td>
<td>10/25 (40%)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;90% Weightbearing</td>
<td>8/25 (32%)</td>
<td>0</td>
</tr>
<tr>
<td>&gt;70% Weightbearing</td>
<td>5/25 (20%)</td>
<td>0</td>
</tr>
<tr>
<td>Other/Mixed</td>
<td>2/25 (8%)</td>
<td>5/25 (10%)</td>
</tr>
<tr>
<td>&gt;70% Non-Weightbearing</td>
<td>0</td>
<td>750 (14%)</td>
</tr>
<tr>
<td>&gt;90% Non-Weightbearing</td>
<td>0</td>
<td>1250 (24%)</td>
</tr>
<tr>
<td>100% Non-Weightbearing</td>
<td>0</td>
<td>3050 (66%)</td>
</tr>
</tbody>
</table>

Discussion/conclusion The plantar rash of 2 Syph is probably seen mostly in thinner areas of arch-of-foot epithelium because vasculitis is hidden under the thickly keratinised weightbearing sole. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.

P32 SURVEY OF KNOWLEDGE ABOUT GONORRHOEA IN PATIENTS WITH GONORRHOEA

1 2Fiona Cresswell, 1,2Lauren Amor*, 2Joanna Peters, 2Angela Dunne, 2John Paul, 2Gillian Dean, 2Brighton and Sussex University Hospitals, Brighton, East Sussex, UK;

Background/introduction Gonorrhoea is a public health problem due to rising incidence and antimicrobial resistance. Health education is a proven health intervention. Planning interventions requires understanding of views of target groups.

Aim(s)/objectives Describe subjective knowledge of gonorrhoea requires understanding of views of target groups.

Methods A prospective study recruited 121 individuals with gonorrhoea. Participants completed a questionnaire. Data from questionnaires were anonymised and analysed.

Results Demographic aspects of this study are presented in a separate abstract. Subjective knowledge about gonorrhoea increases with age and is similar in MSM and heterosexuals. Prevalence of mobile Apps decreases with age; 43.8% of 18–24 yr olds, compared with 25% of 45 year olds, regard them as beneficial educational tools. 64%, regardless of age or orientation, favour websites as the educational tool for the pub-

Discussion/conclusion The plantar rash of 2Syph is probably seen mostly in thinner areas of arch-of-foot epithelium because vasculitis is hidden under the thickly keratinised weightbearing sole. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.

P33 IS TEST OF CURE NECESSARY AFTER DOXYCYCLINE THERAPY FOR RECTAL CHLAMYDIA TRACHOMATIS INFECTION?

1Emma Hathorn, 3Daniel Ward*, 1Penny Gosk, 1Whittall Street Clinic, University Hospitals Birmingham NHS Foundation Trust, Birmingham, UK; 2University of Birmingham, Birmingham, UK

Background/introduction We reported a significantly higher treatment failure rate with azithromycin for the treatment of rectal Chlamydia trachomatis (CT) when compared to doxycycline (26.2% vs. 0%, p = 0.0025). One-week 100 mg doxycycline twice daily was subsequently recommended as the local first-line treatment for rectal CT.

Aim(s)/objectives To re-evaluate the efficacy of doxycycline therapy in the treatment of rectal CT.

Methods Data was retrospectively collected on all patients diagnosed with rectal CT from 1st October 2010 to 1st October 2013 at a large, inner city sexual health clinic. Information was collected on gender, concurrent sexually transmitted infection (STI), treatment received, adherence to antibiotic, risk of re-infection and 4-week test of cure (TOC). Assessment of risk of re-infection included completion of telephone follow-up, verification of contact tracing of regular partners and absence of unprotected sexual intercourse.

Results 959 patients were diagnosed with rectal CT during the study period. 660 (68.8%) patients received doxycycline therapy in line with local treatment protocol. TOC was performed in 473 (71.7%) patients, of which 22 (4.7%) were positive. Risk of re-infection was excluded in 5 cases (22.7%) and considered possible treatment failures.

Discussion/conclusion The treatment failure rate of doxycycline for rectal CT identified in this study is similar to that reported with azithromycin and is contradictory to our previous findings. The longer study period with larger study population may explain this result. These findings suggest that TOC following treatment of rectal CT is necessary and would not support preferential use of doxycycline over azithromycin.

Category: Clinical case reports

P34 TWO CASES OF ACUTE HEPATITIS E CAUSING A TRANSIENT TRANSAMINITIS IN HIV INFECTED MSM

David Lawrence*, Yvonne Gilleece, Amanda Clarke, Martin Fisher, Daniel Richardson. Lawson Unit, Brighton and Sussex University Hospitals NHS Trust, Brighton, UK

Background/introduction Hepatitis E Virus (HEV) is increasing in incidence. Transmission routes include faecal-oral, blood and zoonotically. Patients present with no symptoms; elevated liver enzymes; acute/chronic hepatitis and/or neuropathy. Evidence suggests poorer outcomes among HIV+ patients.

Aim(s)/objectives To describe known cases of HEV/HIV co-infection within a cohort of 2200 HIV+ patients.

Methods We present two cases.

Results Patient-1, a 63-year-old asymptomatic MSM with a 22-year history of HIV, recently re-started Truvada/darunavir/ritonavir: CD4 393 (17%) cells/mm3 and HIV VL 327,824 copies/ml. Routine bloods identified newly elevated ALT 477 IU/L: other liver enzymes; acute/chronic hepatitis and/or neuropathy. Evidence suggests poorer outcomes among HIV+ patients.

Discussion/conclusion Web-based information was the preferred education method across age groups and sexualities. Posters in healthcare workers (52.2% vs 23.3% in heterosexuals). Heterosexuals favoured more information in schools compared to MSM (50% vs 33%).

Discussion/conclusion The plantar rash of 2 Syph is probably seen mostly in thinner areas of arch-of-foot epithelium because vasculitis is hidden under the thickly keratinised weightbearing sole. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.

Discussion/conclusion The plantar rash of 2 Syph is probably seen mostly in thinner areas of arch-of-foot epithelium because vasculitis is hidden under the thickly keratinised weightbearing sole. Any rash covering both areas must raise the possibility of an alternative or double diagnosis or an especially florid presentation.