P178 TRAUMATIC RECTO-VAGINAL FISTULA AFTER CONSENSUAL SEXUAL ACTIVITY: A CASE SERIES

Kathryn Waite*, Claire Webster, Sharad Karandikar, Doug Bowley.

10.1136/sextrans-2017-053232.221

Introduction Consensual vaginal intercourse may be associated with relatively minor genital injury, such as mucosal abrasions, tears or ecchymoses. More severe genital injury is more likely to be associated with rape or sexual assault by penetration with an object. Conversely, we know that the absence of genital injury does not mean that rape or serious sexual assault did not occur.
Methods We report a small series of patients presenting with severe and life-threatening genital injury after consensual sexual activity.
Results An adult woman presented with lower abdominal pain and faeculent vaginal discharge after sexual activity with her intimate partner involving consensual and simultaneous insertion of two sex toys (one *per rectum* and another *per vaginam*). She had sustained a 100mm defect in the posterior vaginal and antero-lateral rectal walls. Despite surgery and faecal diversion, she developed severe sepsis that required extended critical care.

A second patient presented with faeculent discharge *per vaginam* after consensual, 'conventional' peno-vaginal intercourse. On examination, she was found to have a 30 × 20 mm low recto-vaginal fistula; on this occasion not associated with peritoneal contamination or serious septic response.
Discussion Traumatic recto-vaginal fistulae are rare with implications for both immediate morbidity and mortality and long-term physical and mental well-being. These cases demonstrate the extreme spectrum of genital injury that may be associated with consensual sexual activity. Recognition that this severity of injury can occur following consensual activity is important and our first patient's story also highlights some of the public health implications concerning the use and regulation of sex toys.

P179 ERECTILE DYSFUNCTION CLINIC: EXPLORING DRIVERS AND BARRIERS TO SEEKING HELP

Stephen Megarity*, Wallace Dinsmore, Laura Bell, Emma McCarty. *Royal Victoria Hospital, Belfast, UK*

10.1136/sextrans-2017-053232.222

Introduction Erectile dysfunction (ED) may affect up to half of men in their lifetime. Barriers can prevent discussion of symptoms with their GP and on occasions they will present at GUM clinics. Understanding these barriers can be useful in assessing their experiences and expectations of treatment.
Methods Anonymous self-administered questionnaire issued to new patients attending ED clinic. The Sexual Health Inventory for Men (SHIM) score used to classify ED severity.
Results 75 patients with median age of 52 years (range 19–78 years) participated. 93% had significant co-morbidities or vascular risk factors. In regard to SHIM, 47% classified as severe ED, 16% moderate, 26% mild-moderate and 11% mild. Duration of ED prior to attendance was greater than 5 years in 53% of patients. 50% reported significant impact on quality of life and notably 40% had underlying depression and/or anxiety. Seeking treatment was important/very important in 96%. Relationship difficulties prompted 65% patients to seek help. Barriers to seeking treatment included embarrassment in 47% and lack of treatment awareness in 29%. Initial discussion about ED was prompted by the patient in 85%. Regarding support, 73% discussed the issue with their partner and 16% with a friend/relative. 7% self-sourced treatment prior to attendance. The majority of patients (88%) reported limited knowledge of ED with 77% suggesting patient information leaflets would be useful prior to clinic attendance.
Discussion Patients presenting with ED often delay seeking advice. Medical comorbidities, relationship difficulties and embarrassment are significant issues affecting patients which should be taken into consideration during consultations.

P180 UNUSUAL CAUSES OF GENITAL ULCERATION PRESENTING TO GENITOURINARY MEDICINE CLINIC – A CASE SERIES

Emma Kinghan*, Stephen Megarity, Emma McCarty.

10.1136/sextrans-2017-053232.223

Introduction Genital ulceration presents frequently at GUM clinics, with herpes simplex (HSV) infection a common aetiology. A diagnosis of HSV is distressing with possible implications for relationships and future pregnancies. It is therefore important to consider other causes if atypical presentation or negative HSV PCR from area of active ulceration.
Method Case review of uncommon aetiologies of ulceration.
Results Case 1: 25 year old. Prodromal sore throat and flu-like symptoms. Examination revealed deep ulcers on vulva and oral mucosa without eye or skin involvement. CRP 120, ESR 80, ASOT titre 400, negative autoimmune screen, monospot negative. Developed anterior uveitis and erythema nodosum 24 hours later. Diagnosed with Behcet's disease requiring prednisolone and mycophenolate mofitil.

Case 2: 28 year old. Prodromal sore throat and headache. Sexual history atypical for HSV. Known Graves' disease, on propylthiouracil. On examination, patient looked unwell. Shallow vulval ulceration noted. Neutrophils 0.1, ESR 31. Diagnosed with apthous ulceration secondary to neutropenia and admitted for neutropenic-sepsis treatment. Required thyroidectomy with pathology revealing papillary carcinoma.

Case 3: 13 year old referred by SARC. No history of sexual contact or features of child sexual exploitation. Prodromal flu-like illness. Of note, mother Influenza A positive.

No response to empirical acyclovir. HSV PCR negative. Nasopharyngeal swab confirmed Influenza A. Case subsequently closed with SARC and Social Services.
Discussion This case series highlights less common but important causes of genital ulceration. Full systemic history and clinical assessment remains essential in those where alternate diagnoses to HSV are being considered.

P181 IS PROMOTION OF BLOOD DONATION IN THE GU CLINIC ALL IN VEIN?

Clare Wood, Cara Saxon*, Sameena Ahmad. *Department of Sexual Medicine and HIV, University Hospitals of South Manchester NHS Foundation Trust, Manchester, UK*

10.1136/sextrans-2017-053232.224

Introduction In the UK less than 3% of the population donate blood. The blood donation service faces a constant challenge