HBsAg^{+} was 0.92%. Co-infections confirmed were of Syphilis 1.72%, 1.54% for HIV and 0.43% for Hepatitis C. The total population's age was normally distributed with mean of 29 ±1.7 years and a range of 44 years.

Conclusion Predominant genotype amongst Botswana blood donors is D3. There is a major concern to address STIs in Botswana much work is being done on HIV but the results reflect a burden of all STIs.

P2.50 DETECTION OF *TREPONEMA PALLIDUM* DNA IN THE BREAST MILK OF A FEMALE SYPHILIS PATIENT IN SHENZHEN, CHINA

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Introduction To investigate whether there is *Treponema pallidum*(TP) DNA in the breast milk of female patients with syphilis and provide scientific evidence for breast-feeding for female syphilis patients after childbirth.

Methods A polymerase chain reaction (PCR) technique was used for the detection of TP DNA in the breast milk of female syphilis patients in Shenzhen, China.

Results An early syphilis patient after six months childbirth with hard chancre in the labia majora and secondary syphilitic eruption in the trunk and limbs had toluidine red unheated serum test (TRUST) positive with the titer of 1:128 and *Treponema pallidum* particle agglutination (TPPA) positive and had TP DNA detected in her breast milk by PCR technique. Her six-month-old daughter had TRUST positive with the titer of 1:256 and TPPA positive with secondary syphilitic eruption in the trunk and limbs. The mother syphilis patient received 3 weekly intramuscular injections of 2.4 million units of benzathine penicillin G (BPG) on both sides, once a week. After one weekly intramuscular injection of BPG, TP DNA wasn't detected in the breast milk of the female patient and remained negative after two weekly injection of BPG in the breast milk of the female patient. Ten cases of syphilis before and during pregnancy received BPG treatment in our hospital all had no TP DNA detected in their breast milk.

Conclusion Female early syphilis patients never received BPG treatment have TP DNA detected in their breast milk and are unable to breast-feed their babies temporarily. Female syphilis patients received BPG treatment have no TP DNA detected in their breast milk and can breast-feed their babies but need to be followed-up regularly.

P2.51 CLINICAL AND SEROLOGICAL OUTCOMES AFTER RETREATMENT OF SYPHILIS SEROFAST PATIENTS IN GUANGDONG PROVINCE, CHINA

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Introduction A high proportion of syphilis patients (pts) remain serofast with persistent nontreponemal (NT) antibody titers after treatment. It remains unclear whether patients should undergo further monitoring, retreatment, or lumbar punctures (LP) for cerebrospinal fluid (CSF) analysis. We analysed serofast subjects from China for their clinical characteristics and outcomes after retreatment.

Methods From 2014–2016, we retrospectively analysed data from cohort of syphilis serofast pts evaluated in STI clinics in Guangdong province, China. Serofast status was defined by <4 fold decline in NT-titers at ≥6–12 months after treatment or persistent NT-titers at ≥12–24 months following a≥4 fold decline. All pts with syphilis (except neurosyphilis [NS]) were treated with benzathine penicillin G (BPG) 2.4 million units for 3 weekly doses, and a subset had CSF analysis as per China syphilis guidelines. *Treponema pallidum (Tp)* PCR testing was performed among pts with whole blood specimens for analysis.

Results We enrolled 133 serofast pts, with a median age of 33 (IQR 31%–43%); 75% were female and 99% were HIV-negative. The initial diagnosis in 14% cases was early syphilis and 86% had late syphilis; 89 (68%) had baseline NT-titers in the range 1:1-1:8. All pts had 3 doses of BPG as initial therapy, of which 74 (56%) received retreatment (51%>3 doses of BPG, 18% non-BPG, 31% BPG+non-BPG). 61 (82%) of those with retreatment failed to show ≥4 fold decline of NT-titers after 1 year. LPs were performed among 82 (62%) pts with median of 2.3 years (3–60 months) since diagnosis; only 4 (5%) had CSF abnormalities, of which one symptomatic patient met criteria for probable NS. *Tp*-PCR testing was performed in a third of serofast patients and all had negative results.

Conclusion Most serofast cases had an initial diagnosis of late syphilis and presented with low baseline NT-titers. Most pts remained serofast despite retreatment. Among serofast pts who underwent CSF analysis and/or *Tp*-PCR testing, our findings suggest that persisting *Tp* infection is unlikely in the absence of symptoms.

P2.52 RECURRENT JARISCH-HERXHEIMER REACTION

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Clinical case We present the case of a 32 year-old man, HIV positive in treatment, that presented to our hospital. He had erythematous papules scattered through his trunk, limbs (including palms and soles) and genitalia. He denied previous genital, oral or anal ulcer. His previous serological tests for syphilis were negative. We suspected a secondary syphilis and prescribed Benzatin G Penicillin 2.4 M IU. The patient referred to the emergency room for a flu-like reaction and worsening of the skin lesions after the injection. We performed a biopsy that confirmed the clinical diagnosis of syphilis, and the serological test came out positive (RPR 64). After the second injection of penicillin, the patient experienced a second reaction, with fever and malaise. Before the third treatment we administered prednisone for three days, and he had no reaction. The Jarisch-Herxheimer Reaction (JHR) is well known since the Middle Ages, when it was associated with mercury ointments used for the treatment of syphilis. The first literary descriptions came from Jarisch in 1895 and Herxheimer seven years later. Since then it has been described

during the antibiotic treatment of various spirochete infections. It begins 2 to 8 hours after the treatment, as a flu like reaction with high fever and is sometimes associated to an aggravation of the syphilis symptoms. It usually resolves in 24 hours without treatment, but the patients usually receive antipyretic treatment. This reaction appears in 50% of primary syphilis, and up to 75% of secondary syphilis. It's very rare in latent syphilis, but can appear in 30% of neuro-syphilis. There has been only one description of a recurrent JHR, in a patient with a late latent syphilis that had 2 JHR after 2 consecutive penicillin injections. To our knowledge it has not been described in any other syphilis patient.

P2.53 BUSCHKE-LÖWENSTEIN TUMOUR IN ASSOCIATION WITH HPV TYPES 6 AND 11

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Introduction Buschke-Löwenstein tumour (BLT) is a very rare sexually-transmitted disease associated with human papillomavirus (HPV) type 6 and 11, but rare cases of oncogenic HPV types including HPV 16 and HPV 18 were also reported. BLT is located in the genital, anorectal and perianal regions. It is regarded as a type of verrucous carcinoma occurring on anogenital mucosal surfaces where it is locally invasive but displays a benign cytology. Buschke-Löwenstein tumour can be associated with a high rate of recurrence and a risk of malignant transformation to invasive SCC, especially in patients with oncogenic types of HPV.
Methods We report the case of a 59-year-old female patient who addressed our clinic for a large, exophytic, cauliflower-like tumour involving the vulva, perineum and perianal regions with 20 years duration. The first lesions had been appeared on vulva and after 3 years period they grown slowly and covered perineum and perianal area. They had cauliflower like surface, with different sizes. In some points erosions and yellowish secretion with odour are observed.
Results Histologic examination of a biopsy specimen of large tumour presented nets of well-differentiated squamous cell carcinom, as well as a marked mononuclear cell infiltrate and conspicuous koilocytosis. HPV DNA for 6, 11 types was detected with PCR.
Conclusion The patient was sent to the gynaecology surgery department for excision and remains under the supervision of the dermatology and oncology department for rapid treatment of relapses and early detection of malignant transformation.

P2.54 PENILE VERRUCOUS SQUAMOUS CELL CARCINOMA IN PATIENT WITH NON HODGKIN LYMPHOMA

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Introduction Verrucous squamous cell carcinoma (SCC), which was first described in 1948 by Ackermann, was reported in the oral cavity, anus, penis and female genitalia. This carcinoma is a low-grade SCC tumour and exhibits slow invasive growth. Regional lymph node metastases are rare and distant metastases have not been reported yet. Penile verrucous SCC carcinoma represents 5% to 16% of all penile SCC and in 33% of cases is associated with HPV type 6,11. Lack of circumcision, poor hygiene, phimosis, tight prepuce and chronic infection are other important causative factors for penile verrucous SCC carcinoma. We are reporting a case of a 70 year-old male patient who has come to our clinic with enlarging erythematous, exophytic papillary mass with foul smell located on glans penis for four- month duration. The patient is a chain-smoker and immunosuppresed due to the treatment of a non- Hodgkin lymphoma. He reported occurrence of multiple condylomata acuminata on genital area with a long lapse, which was treated with local destructive therapy and electrocoagulation. His medical history includes also ischaemic heart disease and coronary insuffiency.
Methods: Histological examination established verrucous SCC carcinoma - hyperkeratosis, parakeratosis, acanthosis with bulbous downward projections into the dermis and well-differentiated tumour cells with invasion in reticular derma with depth of 2.122 mm and desmoplastic stromal reaction. Polymerase Chain Reaction for HPV DNA detected HPV type 6.
Results and conclusion The surgical excision and amputation penis partialis in Urology surgical department showed that there was not invasion of the tumour in corpora *cavernosa* and corpus *spongiosum* and it was classificated as T1NxMx. The patient remains under the supervision of the dermatology and oncology specialists for eventual relapses.

P2.55 BOWENOID PAPULOSIS

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Introduction Bowenoid papulosis (BP) is virally induced disease caused by high risk HPV viruses, the most common type 16 and rarely type 18, 32, 39, 42, 48,53, 58. Smoking, early sexual initiation, promiscuity, risk sexualbehavior, uncircumcised sexual partners, immunosuppression, pregnancy, oral contraceptives are other causative factors for BP. The disease affects both sexes equally and is typical of young, sexually active people, aged between 20 and 40.Clinical features of BP are solitary or multiple confluent rapidly increasing papules with red-brown colour and diameter 2–10 mm, with uneven papillary or flat-to verrucous surface. They are localised on external genitalia bilaterally and symmetrically. In men cover foreskin, glans penis, in women labia majora, perianal area. This histology make difficult differential diagnosis with Morbus Bowen in anogenital area. Conducted destructive treatment in outpatient settings is with unsatisfactory therapeutic effect.
Methods We report the case of 45 year old female who addressed our clinic for multiple confluent papules with red-brown colour and diameter 2–10 mm., with uneven papillary or flat-to verrucous surface on external genitalia area bilaterally and symmetrically.
Results Histologic examination of a biopsy specimen established acanthosis, parakerathosis, hyperkerathosis, koilocytosis and atypical cells with hyperchromic bi, multinuclei occupying almost half the thickness of the epidermis to the extent of bowenoid dysplasia.