showed HIV positive. A positive CSF-VDRL test was shown in seven patients, three had HIV positive. 3) Peripheral blood CD4+ T cell count The peripheral blood CD4+ T cell count was low (<550 cells/µL) in fifteen out of 26 malignant syphilis, of those seven cases were HIV seropositive. Six out of 26 patients suffered from both malignant syphilis and neurosyphilis but without HIV infection.

**Conclusion** There is no direct association between HIV infection and malignant syphilis or neurosyphilis. Additionally, we found a new unusual combination of malignant syphilis and neurosyphilis in the absence of HIV infection.

**Disclosure** No significant relationships.

**CCS02 – CLINICAL CASE SERIES – CLINICAL CASES FROM EXPERTS**

**Tuesday, July 16, 2019 7:00 AM – 8:00 AM**

**CCS02.1 DEQUALINIUM CHLORIDE VAGINAL TABLETS FOR RECALCITRANT TRICHOMONAS VAGINALIS (TV): A CASE REPORT**


10.1136/sextrans-2019-sti.100

**Background** Treatment for TV is often ineffective. Even very high-dose metronidazole has 8–10% failure and subsequent treatment options have limited evidence-base. Dequalinium has an EU license for bacterial vaginosis treatment. It is well tolerated, safe and has in-vitro activity against TV, but clinical experience is limited. We present the case of an 18-year old female with a 12-month history of persistent TV despite standard and resistant treatments, which finally responded to prolonged dequalinium.

**Methods** The patient was British with no significant medical history. The presumed source of infection was a male living in Dubai. There was no risk of reinfection and adherence was self-reported as excellent throughout. Initial and subsequent presentations were with typical symptoms of vulvovaginitis and purulent vaginal discharge. Investigations were with onsite microscopy and TV nucleic acid amplification tests (NAAT). Treatment initially followed the British Association of Sexual Health and HIV TV Guideline. She received: several courses of 7-day and very high dose oral metronidazole (once with concurrent ampicillin and clotrimazole pessaries); intravenous metronidazole administered alongside vaginal metronidazole gel; oral tinidazole with intravaginal metronidazole. All nitroimidazole courses were up to 14 days duration. Vulvovaginitis symptoms settled during antimicrobial therapy, but recurred soon after cessation of treatment. At each follow-up TV was confirmed by microscopy and NAAT. We retreated with 4-weeks of metronidazole 400 mg twice daily with dequalinium intravaginal pessaries nightly. Symptoms were controlled, but TV NAAT and microscopy remained positive. As there was symptomatic relief from dequalinium, this was continued as monotherapy for a further 14 weeks pending sourcing alternative treatments.

**Results** Her symptoms remained controlled and microscopy and NAAT became negative. She remained asymptomatic with

**Disclosure** No significant relationships.

**CCS01.3 SY PHILIS AS FIBROMyalGIA WITH UNEXPLAINED HEPATOSPLENOmEGALY**

Jackie Sherrard*. Buckinghamshire Healthcare NHS Trust, Amersham, UK


**Disclosure** No significant relationships.