

Abstract N°: 69**HIV indicator condition-guided integrated testing is an effective tool for increasing HIV, HCV, and HBV detection in dermatovenereology.**

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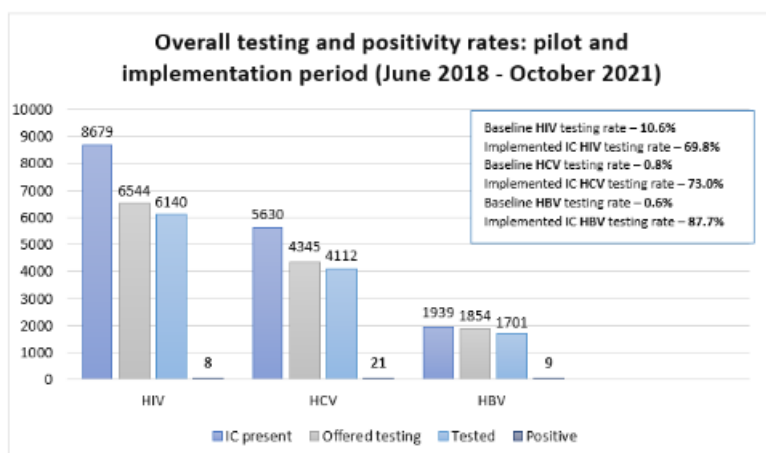
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Introduction & Objectives:

Indicator condition (IC)-guided testing is a widely established strategy to increase HIV and other sexually transmitted infections (STIs) detection, but is not yet implemented in national policies globally. A pilot study was carried out in a Lithuanian reference centre of Dermatovenereology as part of the INTEGRATE Joint Action initiative to expand integrated testing for HIV/HCV/HBV through IC-guided testing strategy, which was implemented thereafter.

Materials & Methods:

From June 2018 to December 2019, Vilnius University Hospital Santaros Klinikos Centre of Dermatovenereology performed HIV testing to all consenting patients, aged 18–65, presenting with the following ICs: dermatological conditions (seborrheic dermatitis, psoriasis, candidiasis, herpes zoster, herpes simplex) and STIs (including syphilis, gonococcal infection, chlamydia, anogenital herpes, anogenital warts and STI screening). In addition, HBV (February 2019) and HCV testing (July 2019) was added for patients with STIs. Baseline testing rates were calculated prior to routine testing. In January 2020, IC-guided routine testing was implemented in the centre as a standard policy. The data presented were collected until October 2021.

Results:

Overall, 8,769 patients met the inclusion criteria. 8 newly detected cases of HIV were confirmed with a positivity rate of 0.13% (3 cases with syphilis, 2 cases with seborrheic dermatitis, 1 case in each herpes zoster, anogenital herpes and anogenital condylomas). For HCV, the positivity rate was 0.54%. For HBV, the positivity rate was 0.53%. The ICs testing rate at Vilnius University Hospital increased for all conditions (Figure 1) and the linkage to care was very good. Following the success of the study, routine testing has now been fully implemented in the centre.

Conclusion:

The study suggests that the introduction of IC-guided testing has been an effective tool for an increased testing and detection of HIV/HCV/HBV, allowing timely care and treatment. Furthermore, these results can be used as evidence for developing and implementing national testing policies.

19TH EADV Symposium - St. Julian's - Malta
16 MAY - 18 MAY 2024
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Abstract N°: 105**Papular acantholytic dermatosis: a rare cause of genital rash**

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Introduction: Papular Acantholytic Dermatitis (PAD) is a very rare benign condition of the anogenital area. We present a case of a female patient that was referred to our hospital’s Sexually Transmitted Infections (STI) Unit.

Case presentation: A 52-year-old female presented with multiple asymptomatic red/red – brown papules coalescing at some areas, along both inguinal folds. The patient noted the onset of these lesions approximately two months before her presentation. She mentioned that her gynecologist had recommended the use of topical imiquimod 5% cream as a potential treatment for what she thought might be a human papillomavirus (HPV) infection. Notably, the patient did not have a history of any other sexually transmitted infection nor any known chronic dermatological condition.

A punch biopsy was performed, which revealed hyperkeratosis and hypergranulosis in the epidermis along with acantholytic and dyskeratotic areas, leading to the diagnosis of papular acantholytic dermatosis (PAD).

Our patient showed a remarkable response after topical corticosteroid use followed by topical calcineurin inhibitor use.

Discussion: PAD is an uncommon dermatosis of the anogenital area of non-venereal cause, initially described by Ackerman in 1972. Since then, a few case reports have been published, most of them concerning female patients. Clinically, multiple discrete or coalescing papules of red and white color are observed in the anogenital area (labia, perineum and perianal area are common locations), resembling anogenital warts in early stages. Rarely, the lesions are accompanied by pruritus and erosions.

Histology of PAD reveals acantholytic dyskeratosis, typically found in Darier disease and Hailey-Hailey disease. Absence of family history and absence of lesions in seborrheic areas and other skin folds facilitate the diagnosis.

PAD usually runs a long course. Treatment options include topical and systemic corticosteroids, topical and systemic retinoids, cryotherapy and electrocoagulation of the lesions.

Abstract N°: 132**Gastric lesions in syphilis**

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Introduction & Objectives:

To study the condition of the stomach in patients with syphilis by esophagogastroduodenofibroscopy (EGD test).

Materials & Methods:

98 patients with syphilis were examined: 8 (8.49%) had secondary early, 57 (57.8) had secondary recurrent, 28 (28%) had early latent, 4 (4%) had neurosyphilis and 1 (1%) had seroresistant. Age ranged from 91 to 60 years, men They were 65.3%, and 34.7% were women. Blood was examined in seroreactions: Wassermann reaction (WR) with cardiolipin and treponemal antigens, VDRL, from specific reactions - TPI test, FTA-200, FTA-ABS. Clinical manifestations and blood seroreactions corresponded to the established diagnoses of EGD test in all patients who had no contraindications.

Results:

Of 8 patients with fresh secondary syphilis, 4 (50%) had subatrophic gastritis and gastroduodenitis, erosion, and granular hyperplastic gastritis in EGD test. Of the 57 secondary patients, 42 (70.2%) had recurrent gastritis. Of these, 26 (48.6%) had subatrophic, 7 (12.3%) had atrophic, 6 (10.6%) had gastroduodenitis, 2 (3.6%) had an ulcer, 4 (7.0%) had erosion, 2 (3.5%) had a scar.

Of the 28 patients with latent syphilis, 14 (50%) had subatrophic, 1 (3.6%) had catarrhal, 5 (17.9%) had atrophic, 4 (14.3%) had gastroduodenitis and 1 case had erosion, ulcer and scar. Of the 4 patients with neurosyphilis, 2 were identified - catarrhal and subatrophic gastritis. Subatrophic gastritis was detected in 1 patient with seroresistance.

Conclusion:

Thus, in syphilis, the EGD test is a sensitive method for detecting specific changes in the stomach.



Abstract N°: 134**The condition of the auditory analyzer in syphilis**

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Introduction & Objectives:

The study of early changes in the auditory analyzer in syphilis by audiological tests.

Materials & Methods:

Audiometry the study was conducted in 64 patients, 18 were diagnosed with primary and 46 with secondary syphilis. The diagnosis was made on the basis of clinical manifestations and the results of serological blood tests. The examined persons ranged in age from 17 to 53 years; men were 34, women - 30. The age of the examined control group ranged from 17 to 20 years. Audiometry in patients with syphilis consisted in conducting tonal, threshold and supra-threshold audiometry, ultrasound examination of the threshold with the determination of ultrasound according to a generally accepted technique.

Results:

In one patient, the perception threshold was high, in 1.2% of patients it was 10 dB. In patients with normal hearing, supra-threshold tests and ultrasound were not performed. According to the Lusher test, 5.2% of the examined patients had up to 0.6 dB, which is another proof of damage to the hair cells of the inner ear. This test had a normal differential threshold in 20.9% of the examined patients. According L.V. Neumann's classification: 1 degree of hearing loss was detected in 6.8%, 2 degree in 5.2%, 3 degree in 3.5% of patients. Conductive hearing loss was detected in another patient with chronic tonsillitis. Of the diseases of the ENT organs, adhesive otitis media was detected in 3 of the examined patients, chronic tonsillitis in 3, and vasomotor rhinitis in 1.

To study the condition of the auditory analyzer in patients with syphilis, the threshold of ultrasound perception was studied: no ultrasound perception was detected in any of them. Audiological data revealed hearing loss of varying degrees in 23 patients, of which 17.3% had conductive, 5.6% had sensorineural and 5.3% had a mixed form of hearing loss. These changes were mainly found in patients with secondary syphilis.

Conclusion:

Thus, in patients with syphilis, a thorough examination reveals varying degrees of changes on the part of the auditory analyzer, which indicates the need for an audiological examination.

Abstract N°: 135**The state of the nervous system in early latent syphilis**

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Introduction & Objectives:

To study the state of the cerebrospinal fluid and nervous system in patients with early latent syphilis.

Materials & Methods:

We observed 24 patients with early latent syphilis. Of these, 20 were men and 4 were women. The age of the patients ranged from 21 to 52 years. At the same time, there were 3 patients aged 21-30 years, 11 patients aged 31-40 years, 8 patients aged 41-50 years, and 2 patients 51 years and older. The cerebrospinal fluid of the patients was examined by cytological and serological methods in the laboratories of the center.

Results:

The following results were obtained during cytological examination of the cerebrospinal fluid: the cellular composition of the cerebrospinal fluid (cytosis) was increased – in 22 patients to 10 cells in cubic millimeter, and in 2 cytosis was noted to 13 cells. An increase in total protein was noted in 22 cases to 1.0 ppm, and in 2 cases to 1.66 ppm. The protein coefficient in 22 cases was up to 0.2 and 0.3 was noted in 2 patients. Of the globulin reactions, the Pandy reaction was positive in 19 cases (1+) and in 5 cases (2+), and the Nonne -Apelt reaction was positive in 18 cases (1+), and in 4 cases (2+). Wasserman's reaction in three dilutions was positive in 3 cases (-/-/+);, in two cases (-/+2+) and in two cases (+/2+/3+). Pale treponema immobilization reaction (RIBT) - doubtful (up to 40%) was in one patient, positive (from 41% to 70%) in two, sharply positive (70%-100%) was noted in two. The reaction of immunofluorescence was questionable in two (1+), and in the remaining 15 patients, positivity was noted (3+/4+) and demonstrated high sensitivity. The pathology of the cerebrospinal fluid was assessed according to the classification of G.V. Robustov improved by M.P. Frishman. Type I was noted in 9 cases, type II in 8 cases and type III in 5 cases. All patients were consulted by a neurologist. At the same time, subjective disorders were noted: headaches in three, insomnia in one, tinnitus in two, decreased vision in three, irritability in twelve, dizziness in twenty, nausea in two and double vision in three patients. The neurological symptoms revealed: horizontal nystagmus in 4 patients, facial nerve paresis in 1 patient, increased tendon reflexes in 18 patients, Jacobson-Laska symptoms in 4 patients, Brissot in 4 patients, Babinsky reflex in 3 patients, decreased tendon reflexes in 5 patients, staggering in the Romberg pose in 6 patients. Based on the above data, the following were exposed: cerebral leptomeningitis in 8 patients, meningitis in 7 patients, meningovascularitis in 6 patients, meningoencephalitis in 1 case. Neurological symptoms were detected in patients in combination with cerebrospinal fluid pathology.

Conclusion:

Thus, in patients with latent early syphilis, a thorough examination of the nervous system can reveal various changes, in this case, an important study of the cerebrospinal fluid and a thorough examination of patients by a neurologist.

Abstract N°: 137**ENT organ lesions in infectious stages of syphilis**

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Introduction & Objectives:

Syphilis can affect various organs and systems. The study of ENT organs in various forms of syphilis is rare.

Materials & Methods:

We analyzed the data of 155 syphilis patients aged 18 to 50 years who were on inpatient treatment. According to the diagnoses, primary syphilis was detected in 28 patients, secondary in 127. Men accounted for 49.2%, and women 50.8%.

Results:

Clinical manifestations and serological data corresponded to the established diagnoses. A more pronounced positivity of serological blood reactions was observed in patients with secondary syphilis. In primary syphilis, the positivity of seroreaction ranged from weakly positive (2+) to sharply positive (4+). In the secondary period of syphilis, serological reactions were sharply positive (4+) in 32.3% of cases, the TITER of reagins ranged from 1:5 to 1:60. It should be noted that 43.4% of patients with lesion of the ENT organs were detected during testing for syphilis in somatic hospitals.

Syphilitic manifestations were found on the oral mucosa, most often localized in the tonsils. In 15.2% of patients, erythematous specific angina occurred, when a bright inflammatory phenomenon covers the mucous membrane of the soft palate, while the inflammatory process was diffuse. In 56.7% of patients, specific angina was limited, spreading to the anterior arch. In addition, papular rashes were mainly encountered in the secondary period of syphilis, that is, papular angina was noted.

In the secondary period of syphilis, laryngeal lesion was manifested by hoarseness of the voice-syphilitic dystonia due to narrowing of the glottis by papular rashes (8.2%).

Conclusion:

Thus, specialists should remember that patients with predominantly secondary syphilis have various kinds of changes on the part of the ENT organs.

Abstract N°: 241**Clinical and anamnestic characteristics of sexual partners of pregnant women with genital warts**

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Introduction & Objectives: Genital warts (GW) or condylomas' acuminate are one of the most common clinical manifestations of human papillomavirus (HPV) infection. The predominant route of infection with HPV is sexual, but other routes of infection are also possible, such as household and self-infection. Identifying the source of infection and factors contributing to the growth and recurrence of GW is important for developing treatment tactics and preventing relapses. Pregnant women are a particularly vulnerable group of patients for the manifestation of GW, since pregnancy itself is an immunosuppressive condition. In addition, the issues of GW therapy in pregnant women present certain difficulties due to the contraindications of many medications during pregnancy. In this regard, the purpose of this study was to study the clinical and microbiological characteristics of sexual partners of pregnant women with GW.

Materials & Methods: Under our supervision there were 33 pregnant women diagnosed with GW. Moreover, in 19 (57.6%) GW s were recurrent. All patients were asked to answer questionnaire regarding factors that contributed to HPV infection. The questions also included characteristics of the condition of sexual partners at the time of the examination (questions regarding protection from STIs, examination coverage, presence/absence of condylomas, identification of other STIs, receipt of treatment by partners).

Results: Of the total number of pregnant women examined, 4 (12.1%) had more than one sexual partner throughout their lives, the remaining 29 (87.9%) had a regular sexual partner. A total of 14 (42.4%) women were informed about the need for examination and treatment of their sexual partner. Before contacting us, 9 (27.3%) women received treatment asynchronously and did not comply with the regimen of sexual abstinence in the presence of GW. In 8 (24.2%) cases, GW appeared in the absence of similar manifestations in the sexual partner. 7 (21.2%) women did not have information about whether their sexual partner had similar rashes, or whether he was receiving treatment. 6 (18.2%) men were treated independently, without informing their partner and did not comply with the regime of sexual abstinence after treatment.

Conclusion: Thus, sexual intercourse is not always the main route of HPV infection and one should look for other sources of infection (self-infection, household routes, and others). The lack of complete information about the presence or absence of condylomas in sexual partners and their examination and treatment in some cases can cause re-infection in pregnant women. It should also be taken into account that pregnancy and some factors that weaken the immune system (hormones, antibiotics, anemia) can contribute to the activation of latent HPV in women.

Abstract N°: 441**The role of continuous education on revealing syphilis among pregnant women and prevention of congenital cases in Armenia.**

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Introduction & Objectives: Syphilis is considered a serious healthcare, social, and economic issue for many developing countries until nowadays. Because syphilis affects pregnancy outcomes more than fertilization rates, it is important to improve the detection of syphilis among pregnant women and treat them effectively. This will result in the reduction of adverse pregnancy outcomes: stillbirth, birth defects, and cases of congenital syphilis. In the Republic of Armenia (RA), pregnant women are twice screened for syphilis however this is not enough for the detection and prevention of all cases. From 2002 to 2020 there were no recorded congenital syphilis cases in Armenia. In 2020 an outbreak of congenital syphilis started alongside an overall increase in the number of syphilis cases. Taking into consideration the relevancy of the issue, a special educational program was designed to raise awareness among practicing gynecologists regarding the methods of prevention of syphilis during pregnancy.

Materials & Methods: Online and offline lecture sessions were organized for gynecology practitioners in 2021. The course covered all essential topics for raising the awareness and recognition of syphilis during pregnancy cases. The latest diagnostic criteria and treatment methods were discussed in detail. The course consisted of offline and online sessions which took place in one year period.

All participants were required to take a test for syphilis twice before and after enrollment to evaluate the effectiveness of the course.

Results: A total of 418 gynecologists participated in the course. The knowledge assessment test showed an improvement of the average score by 72%. As a result of the improvement of recognition of syphilis among pregnant women the number of tested patients as well as discovered cases of syphilis during pregnancy and congenital syphilis also rose during 3 years. The number of pregnant women who were tested increased by 1.3 times with positive syphilis test results increasing 5.3 times from 2021 to 2023. In addition, the successful treatment rate was 100% of all diagnosed patients.

Conclusion: The improvement of the average scores on the knowledge assessment test and the discovery of more cases of syphilis during pregnancy and congenital syphilis indicated that continuous education on STIs is very important for discovering and preventing new cases. Previously misinterpreted cases started to be thoroughly investigated and treated properly.

By constantly organizing educational sessions and raising awareness it will be possible to treat most of the patients effectively and on time. This will prevent congenital syphilis with all of its complications and expenses alongside other STIs.

Abstract N°: 504**Gonococcal Infections in 2023**

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Gonococcal Infections in 2023**Introduction & Objectives:**

Gonorrhoea is a sexually transmitted infection caused by the Gram-negative diplococcus *Neisseria gonorrhoeae*. In 2021, 46,728 cases of gonorrhoea were confirmed in Europe. According to preliminary data from the Czech Republic, 1987 cases were reported in 2022.

Over the years, *N. gonorrhoeae* has shown an extreme ability to develop resistance to all antibiotics introduced to treat it, the WHO thus listed it among the pathogens posing the greatest threat to human health. In Europe, recommended treatment for uncomplicated gonorrhoea is ceftriaxone 1 g intramuscularly plus a single oral dose of azithromycin 2 g.

This study aims to optimize the care of patients with gonococcal infection, especially therapy based on antibiotic resistance and the potential use of doxycycline for post-exposure prophylaxis (DoxyPEP).

Materials & Methods:

Retrospective data of all patients treated with gonococcal infection in 2023 at tertiary care center were included in the study. Patient characteristics were monitored - gender, age, sexual orientation, site of infection, co-infection and antibiotic resistance to ceftriaxone, cefixime, azithromycin, ciprofloxacin and tetracycline.

Results:

The Year-over-Year increase in patients with gonococcal infection treated was 40% (from 169 in 2022 to 236 in 2023). The majority of patients were men (199; 84 %), there were much fewer women (35; 15 %) and only 2 (1 %) trans patients. Of the 199 men, 112 (56 %) identified themselves as men who have sex with men (MSM). There were 58 (25 %) patients living with HIV, no patient was newly diagnosed. The most common site of infection was urogenital (142 cases), followed by rectal (36 cases) and pharyngeal infection (15 cases), 2 cases of eye infection and 1 gonococcal sepsis were also reported. Multiple-site infections were most frequent in the urethra plus pharynx (17 cases), followed by pharynx plus rectum (11 cases), urethra plus rectum (9 cases) and urethra plus rectum plus pharynx (3 cases). Co-infection was present in 52 (22 %) patients, most often chlamydia infection (38 cases) and syphilis (14 cases). No antibiotic resistance of *N. gonorrhoeae* to ceftriaxone and cefixime has been reported. Resistance or reduced sensitivity to azithromycin was detected in 58% (53/ 91) of tested strains and among 77% MSM, to ciprofloxacin in 70% (64/91) and to tetracycline in 18% (19/ 91).

Conclusion:

Data from our department for 2023 support current global trend of increased gonococcal infections and the continued rise of antibiotic resistance. Gonorrhoea therapy with ceftriaxone and possibly cefixime is still safe, but due to high resistance, it is no longer advisable to recommend treatment with azithromycin. Continued monitoring for tetracycline resistance will be necessary, as doxycycline has started to be recommended as Doxy-PEP for high-risk populations in some geographic settings.

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Abstract N°: 859**A recalcitrant prurigo nodularis revealing an HIV infection.**

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Introduction & Objectives:

Prurigo is a pruritic dermatosis defined by the presence of chronic pruritus for at least 6 weeks, scratching lesions and localized or generalized pruritic skin lesions in the form of papules, nodules or plaques. It impairs quality of life and is often resistant to treatment.

Nodular prurigo is the most common form of chronic prurigo, and is usually the final stage. It is one of the dermatological manifestations of HIV infection. We report the case of a patient with treatment-resistant prurigo that revealed retroviral infection.

Observation:

A 42-year-old patient who was a chronic 20 pack-year smoker with a history of unprotected sexual relationships was referred to hospital for diagnostic and therapeutic management of a generalized pruritic papulo-nodular eruption that had been evolving for 18 months, in a context of altered general condition with a deep asthenia, a weight loss of 13 kg in 1 year and febrile sensations.

The skin examination revealed a generalized papulo-nodular rash with a firm consistency and an excoriated surface in some areas, predominating on the extension surfaces of the upper and lower limbs, as well as erythematous scaly lesions on the plantar and lateral surfaces of the feet. Mucosal lesions included a geographic tongue and burgeoning lesions of the anal margin. Multiple excoriated papulo-nodular lesions were found on the scalp and paronychia of all the fingers. Examination of the lymph nodes revealed bilateral axillary and inguinal adenopathies.

Histological examination revealed chronic hyperplastic dermatitis with eosinophilic spongiosis, and the scotch test was negative. The laboratory work-up revealed lymphopenia and a low CD4 T lymphocyte count of **32/mm³**. **Anti-HIV viral serologies** were **positive**. A CT scan revealed peripheral and deep lumbo-aortic and caelio-mesenteric adenopathies.

The patient was treated with topical steroids, emollients, phototherapy and antiretroviral therapy, with regression of the lesions in 2 months and persistence of scarring macules.

Conclusion:

The treatment of chronic prurigo is based on topical steroids, emollients, antihistamines, immunosuppressants or phototherapy, but is often disappointing.

Given the therapeutic difficulties associated with the management of prurigo, this observation should encourage practitioners to request viral serologies in cases of prurigo refractory to treatment, and to start antiretroviral (ARV) treatment as soon as possible in cases of HIV infection.

After 2 months of exposure to ARV treatment, the clinical signs regressed as a result of immune reconstitution.

Abstract N°: 1111

Scarring after MPOX; a descriptive study of 40 patients.

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Introduction & Objectives:

Monkeypox (MPOX) is a viral infection produced by the poxvirus that bears its name and has caused a pandemic outbreak between 2022 and 2023. The risk of scarring after infection is unknown, although during this outbreak it has been estimated to be around 20%. The aim of this work has been to investigate the risk of scarring and its risk factors in patients with MPOX in a tertiary Hospital.

Materials & Methods:

Clinical and epidemiological data collection and clinical follow-up of the patients was performed. Of the 72 patients evaluated in our center, we were able to follow up and collect data on scars in 40 of them. Multiple parameters were compared between groups and statistical significance was calculated for the differences between the groups with and without scars.

Results:

Up to 47.5% of patients had at least one scar. Patients with scars were notably younger than patients without scars. We found no differences between patients with HIV and those unaffected, probably because of the good control of the disease they had. Vaccination against traditional smallpox was a protective factor in our patients. The onset of clinical manifestations with cutaneous symptoms versus onset with systemic symptoms proved to be a risk factor for scarring. The areas with the highest risk of torpid scarring and greater affectation of the patients' quality of life were the genital area and the nasal area. In these areas, inflammation, edema and superinfection were most frequently observed during the active phase of the disease. One patient presented multiple scars in the form of anetoderma confirmed by biopsy. The presence of scarring, especially in the previously mentioned areas, was a serious impairment of quality of life with more than 25% of patients scoring 9 or 10 out of 10 in quality of life.

Conclusion:

Monkeypox can cause scarring in a significant percentage of patients and this can strikingly affect patients' quality of life.

Abstract N°: 1151

Genital herpes in the Four World Regions: An analysis of the temporal trends and burden in Africa, America, Asia and Europe correlated to gender from 1990 to 2019

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Introduction & Objectives:

Genital herpes is a very common sexually transmitted infection (STI) caused by the herpes simplex virus (HSV). The most common symptom are blisters around the genitals that may be painful. It has been proven it is most frequent amongst females rather than males. The objective of this analysis is to identify disparities between males and females across the Four World Regions and compare the burden and trend patterns of genital herpes.

Materials & Methods:

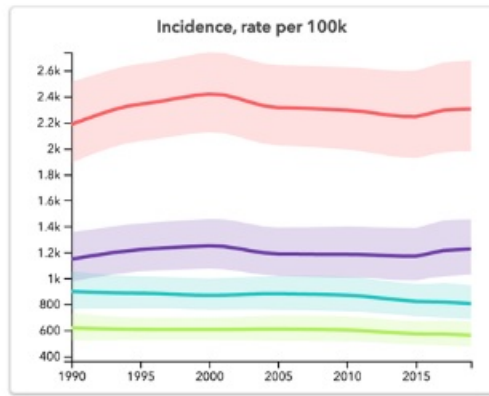
Data was extracted from Global Burden of Disease Study 2019. Incidence and prevalence rates per 100,000 habitants were analyzed and compared by gender, year, and location from 1990-2019 in the population of the Four World Regions: Africa, America, Asia, and Europe. To analyze the burden and its changing trend, annual percentage change (APC) was used.

Results:

The location of the Four World Regions with the highest incidence in both males and females was Africa with an APC of 11.74% (95% UI: 9.03-14.30) from 1,147.18(95% UI: 974.64-1,352.99) in 1990 to 1,225.38(95% UI: 1,028.10-1,454.45) in 2019 for males and an APC of 11.71% (95% UI: 9.67-13.51) from 2,184.44(95% UI: 1,888.01-2,511.39) in 1990 to 2,302.99(95% UI: 1,977.56-2,674.67) in 2019 for females. On the other hand, the location with the highest prevalence in both males and females was America with an APC of 15.56% (95% UI: 12.51-19.15) from 12,655.08(95% UI: 10,597.69-14,969.59) in 1990 to 14,584.45(95% UI: 12,279.82-17,136.45) in 2019 for males and an APC 18.11% (95% UI: 14.36-21.94) from 21,997.86(95% UI: 19,050.20-25,147.67) in 1990 to 26,066.78(95% UI: 22,181.93-30,185.14) in 2019 for females. Regarding the location with the lowest incidence in both males and females was Europe, which showed a downward trend for an APC of -7.69% (95% UI: -11.72-(-3.75)) from 618.68(95% UI: 522.64-731.91) in 1990 to 561.92(95% UI: 475.48-664.41) in 2019 for males and APC -10.17% (95% UI: -13.73-(-6.58)) from 898.94(95% UI: 762.78-1,051.64) 1990 to 804.05(95% UI: 685.92-945.46) in 2019 for females. At last, the location with the lowest prevalence in both males and females was Asia, displaying an APC of 39.20% (95% UI: 35.10-43.83) from 5,631.64(95% UI: 4,679.01-6,745.02) in 1990 to 7,779.82(95% UI: 6,520.83-9,234.99) in 2019 for males. For females, an APC of 32.23% (95% UI: 28.45-35.85) from 9,404.83(95% UI: 7,927.40-11,021.79) in 1990 to 12,425.66(95% UI: 10,438.14-14,718.92) in 2019.

Conclusion:

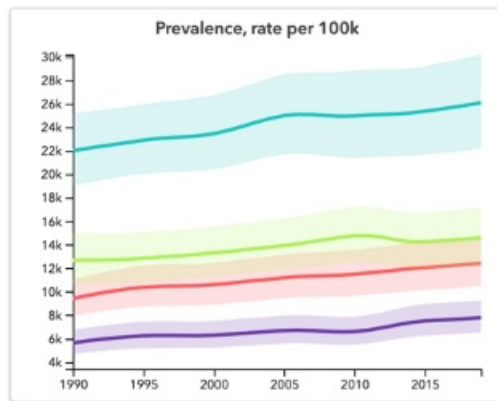
These results prove that genital herpes has been and still is more common in females rather than males across the world. Africa and America have the highest incidence and prevalence respectively even though Asia is the continent most populated. This should mark the importance of education about sexually transmitted infections and healthy sexual tendencies.



Legend

- Africa, Males, All ages, Genital herpes
- Africa, Females, All ages, Genital herpes
- Europe, Males, All ages, Genital herpes
- Europe, Females, All ages, Genital herpes

A. Incidence rate per 100,000 habitants in Africa vs. Europe.



Legend

- Asia, Males, All ages, Genital herpes
- Asia, Females, All ages, Genital herpes
- America, Males, All ages, Genital herpes
- America, Females, All ages, Genital herpes

B. Prevalence rate per 100,000 habitants in Asia vs. America.



Abstract N°: 1394

Secondary Syphilis in an Adolescent girl in Indonesia with syphilitic roseola and Condylomata Lata as a Clinical Manifestation: Case Report

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¹Ciawi Regional General Hospital, Indonesia

Introduction & Objectives:

Syphilis is a sexually transmitted disease with systemic manifestations caused by *Treponema pallidum* subspecies *pallidum*, a spiral-shaped gram-negative bacterium. This disease is transmitted by sexual contact, blood, and vertical transmission from mother to fetus. *Treponema pallidum* has an incubation period of 10-90 days until it causes clinical symptoms.

Materials & Methods:

A 13-year-old girl came to the regional general hospital complaining of black patches on her palms that did not itch and sores in her pubic area that were painless. The patient has a history of sexual contact approximately nine weeks before coming for examination. On dermatological status, hyperpigmented macules were found on her right and left palmar region, localized distributions, multiple discrete, round shaped, dry lesions with firm borders, and lenticular size. Patients was differentially diagnosed with secondary syphilis with syphilitic roseola and condyloma lata.

Results:

To confirm the diagnosis, a serological examination was carried out on November 27th, 2023, Venereal Disease Research Laboratory test (VDRL) examination was reactive with a titer of 1:32 and reactive *Treponema Pallidum* Hemagglutination Assay (TPHA) with a TPHA titer of 1:5120. The patient also did a skin biopsy for histopathological examination with a sample of the skin lesion with a diameter of 0.6 cm. Under a microscope with Hematoxylin Eosin (HE), staining shows epidermal layer hyperplasia, thinning rate ridges, and infiltration of inflammatory cells in the sub-epithelial layer, showing plasma cells, especially in the papillae dermis, lymphohistiocytic vascular proliferation and proliferation of blood vessel also appear. The dermis is relatively puffy. The histological examination corresponds to secondary syphilis.

After the skin biopsy result came out, the patient was given a single dose of intramuscular (IM) injection of benzathine penicillin G 2.4 million international units (IU)

Conclusion:

A case of secondary syphilis with manifestations of syphilitic roseola and condyloma lata has been reported in a 13-year-old teenager. Diagnosis is made based on history, physical examination, serological examination, and histopathological examination. The patient has a generally good prognosis because in general, the patient's condition is good, but considering the patient is still a teenager, it is possible to have irresponsible sexual relations later in life

Abstract N°: 1397

A case of low level viral escape showing a temporal relationship with anti-il 23 treatment guselkumab treatment for psoriasis in a patient with previously virally suppressed HIV.

Claire Quigley*¹, Amy Long¹, Lisa Murphy¹, Irene Timoney¹, Rory Barry¹, Sophie Diong¹, Colm Kerr¹, Alan Irvine¹

¹St James Hospital 2, Ireland

Introduction & Objectives:

Herein we present the case of a patient with a background history of Human Immunodeficiency Virus (HIV) previously well controlled on anti-retroviral therapy (ART) who is now developing low level viraemia in a temporal relationship with his Guselkumab dose which was prescribed to control his psoriasis. To the best of our knowledge this is the first case report of such a phenomenon.

Materials & Methods:

A 59-year-old man first attended our clinic in May 2021 with psoriasis and was commenced on anti il-23 agent Guselkumab for extensive plaque psoriasis. He was also attending our infectious disease service with a 26-year history of HIV. From a HIV perspective he had been on ART since diagnosis and was virally suppressed for years prior to commencing Guselkumab. At the time of Guselkumab initiation the patient was on efavirenz, emtricitabine and tenofovir disoproxil mylan. Viral blips were noted first in December 2021. The patient reported compliance with his antiviral regime and so his ART was switched in an effort to control his viral load. Bictegravir, emtricitabine, and tenofovir alafenamide fumarate was commenced in January 2023, however viral blips were still noted. He was subsequently switched to his current regimen of emtricitabine/tenofovir, darunavir/ cobicistat once daily and dolutegravir twice daily. Other causes for viral escape including issues with compliance, comorbid illness and drug-drug interactions have been ruled out. Our patient has been attending for weekly HIV viral loads since November 2023. Our findings have identified a temporal relationship between his guselkumab injection and low level viral escape which tends to resolve to undetectable just prior to his next injection. From a psoriasis perspective our patient's skin is virtually clear. Our patient continues to attend for weekly viral load monitoring as he remains on his anti-IL-23 agent.

Results:

To the best of our knowledge this is the first case to show a temporal relationship between guselkumab dosing and low-level viral escape in a patient HIV who had an otherwise undetectable viral load. The exact pathognomonic or pharmacological mechanism for this has not yet been extrapolated, and from reviewing the literature there has been no previous drug-drug interactions identified.

Conclusion:

Viral suppression in patients with HIV is important for improving health, preventing sexual and perinatal transmission and reducing the risk of developing AIDS. Our patient continues to attend for weekly viral loads whilst we assess the nature of this relationship. We feel that the results of these investigations are important to flag with the dermatology community so they are aware to closely monitor patients with HIV who are prescribed anti-il23 agents as this is a potential adverse effect that could have a significant impact in how people with HIV live their lives.

Abstract N°: 1417**Epidemio-clinical profile of vulvar condylomata: A series of 48 patients**

Hind Majdoul*¹, Fouzia Hali¹, Bouchra Baghdad¹, Soumiya Chiheb¹

¹Ibn Rochd University Hospital Center, Dermatology and Venerology Department, Casablanca, Morocco

Introduction & Objectives:

Vulvar condylomata are a very common sexually transmitted infection (STI), and therefore constitute a real public health problem worldwide, due to both their high prevalence and high morbidity rate. Condylomata acuminata are the most common clinical form in our setting.

The aim of our work is to identify the epidemiological and clinical features of this condition within our population.

Materials & Methods:

We conducted a retrospective descriptive study over a 2-year period, from January 2021 to December 2023, in the Dermatology and Venereology Department of our University Hospital.

All cases of vulvar condylomata consulting during this period were included.

Results:

A total of 48 cases of vulvar condylomata were reported. The mean age of our patients was 30.1 years with extremes ranging from 17 to 45 years. The majority of patients (66.67%) were married and monogamous. Of the non-married patients, only half reported having multiple partners. However, all patients had unprotected sexual intercourse. Heterosexuality was the only type of sexuality reported. Toxic habits were found in only 6 of our patients. As for the rest of the medical history, a known IRV infection was found in 7 cases, an autoimmune disease with long-term use of immunosuppressants in 5 cases, with 3 cases of systemic lupus, 1 case of Crohn's disease and 1 case of sarcoidosis. Diabetes and arterial hypertension were found in only 8.33% and 4.16% of cases respectively, which may be explained by the relatively young average age. Finally, 3 patients were currently pregnant. The mean delay for consultation was 11.92 months; the predominant course of the disease was therefore chronic, with only 6 cases (12.5%) of consultation in the acute phase. Pruritus was reported by 13 patients (27.1%) and attributed to concomitant vulvovaginitis in 8 cases, equivalent to 61.5% of cases of pruritus. Lesions were predominantly multiple, in 95.83% of cases, associated with a perianal location in 39.6% of cases. They were mainly verrucous (89.9%), more rarely papular or micro-papular. They were hyperpigmented in 41 cases (85.42%), the same colour as normal skin in 5 cases (10.42%) and pinkish in only 2 cases (4.16%), which is in accordance with the phototypical profile of our population. The majority of cases involved the labia majora alone (64.58%), followed by concomitant involvement of the labia majora and labia minora (25%) and labia minora alone (10.42%).

Conclusion:

Vulvar condylomata acuminata are STIs generally caused by HPV types with low oncogenic risk, particularly 6 and 11. Atypical lesions, papular or flat, are more often associated with HPV types with higher oncogenic risk, mainly 16 and 18. The transmission is mainly horizontal during unprotected sexual intercourse; vertical transmission during childbirth is yet possible but rare, and does not justify systematic C-section. Lesions develop on average 1 to 3 months after exposure; they may be single or multiple, limited to the labia or extensive to the perineal or perianal regions, especially in immunodeficient patients, but also during pregnancy where previously asymptomatic and latent HPV infection becomes clinically manifest. Diagnosis is based on clinical findings, therefore histopathological confirmation should be limited to

atypical lesions. Finally, it should be noted that this condition has a major impact on patients' quality of life; hence the importance of raising awareness on a massive scale of general measures to prevent STIs.

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Abstract N°: 1499**Mimicking negative results - The prozone phenomenon**

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Introduction & Objectives:

Syphilis is a sexually transmitted disease caused by infection with *Treponema pallidum*, with an increasing incidence in recent years. Early detection of the disease is essential to better control its evolution. The clinical suspicion is raised depending on the stage in which the patient presents, followed by confirmation with the help of laboratory testing.

Although there are multiple methods to confirm the diagnosis, treponemic and non-treponemic serological tests are most frequently performed. A non-treponemal test can have false positive results in various pathologies, such as autoimmune diseases or pregnancy. In rarer cases, this test can be false negative, and here we are talking about the prozone effect, which can happen in the secondary stage due to a very large amount of spirochetes. Treponemal tests are more sensitive and generally remain positive throughout life.

The prozone phenomenon is an immune response that depends on an antigen-antibody engagement, seen in non-treponemic serological tests if there is an excessive number of spirochetes in the bloodstream.

Materials & Methods:

We present the case of a 29-year-old man who presents with multiple well demarcated vegetating violaceous plaques, few ulcerated, varying in diameter (2-5cm), located at the interfessial and inguinal-scrotal level, evolving for 1 month.

In a different service he performed RPR, anti-HIV Ab, HBs Ag, and anti-HCV Ab tests, all of which were negative, while TPHA was positive. Based on the clinical and serological aspects the differential diagnosis involved condyloma lata and pemphigus vegetans.

Results:

After two weeks we decided to retest the patient and the quantitative serological tests revealed intense positive VDRL, indicating a significant bacterial load.

While we waited for the laboratory results, a biopsy was taken and the histopathological result revealed the diagnosis of condyloma lata. The patient was diagnosed with secondary syphilis and received benzathine-penicillin treatment, resulting in complete resolution of the lesions and negative non-treponemal tests.

Conclusion:

This case is described in order to increase awareness about the prozone phenomenon. If there is a strong clinical suspicion, a close collaboration with the laboratory doctor and quantitative serological tests are strongly recommended. Particularly, our patient did not have HIV co-infection, as is more commonly described when discussing this phenomenon.

Abstract N°: 1563

Ambiguous mucosal manifestation in oral cavity - syphilis or another diagnosis?

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¹University Hospital of Jessenius Faculty of Medicine,, Department of Dermatovenerology, Martin, Slovakia

Introduction & Objectives: Oral mucosal lesions can reflect numerous diagnosis of mycotic, bacterial, viral infection to autoimmune or autoinflammatory systemic diseases such as Morbus Crohn, Morbus Behcet or autoimmune bullous dermatitis or malignancies. Mucosal manifestation of syphilis can mimic all of them. Diagnosis of oral lesions is always a clinical diagnosis of exclusion. Although the diagnosis of syphilis is quite simple thanks to serology or visualisation of treponemas in a dark field, in many cases it is forgotten.

Materials & Methods: We collected all patients positive to syphilis serology with oral manifestations, which resolved after penicillin treatment. The data were collected in our department from January 2023 until February 2024.

Results: In our retrospective study, we revealed four cases of syphilis with mucosal presentation. All the cases were classified as early syphilis. Fifty percent presented ulcer durum on lower lip and 50% manifested changes characterised for secondary syphilis. Both primary lesions seen as ulceration on lower lip were indistinguishable from herpes simplex infection. The third case presented an exophytic growth of tumorous mass on the tip of the tongue which was firstly misdiagnosed as squamous cell carcinoma. The last, fourth case imitated leukoplakia as greyish plaque on the buccal mucosa. All lesions subsided within two weeks after therapy.

Conclusion: Syphilis, also called the great imitator or simia morborum, is a systemic infection with numerous faces which is based also on the evidence of its accidental proof in cases of diagnosis of exclusion. The incidence is still rising and alarming. It is necessary to establish a right diagnosis as soon as possible to minimize systemic complications. The increasing incidence reflects poor awareness of syphilis prevention. Physicians should still keep in mind syphilis, so that to contribute to reducing its spread.

Abstract N°: 1595

Secondary syphilis: the great imitator continues its offensive

Tetyana Svyatenko¹, Vasyl Stryukov¹, Andrii Prokhach¹, Lilia Remez¹

¹Dnipro State Medical University, Dnipro, Ukraine

Introduction & Objectives: secondary syphilis has many forms of manifestation that affect the skin, mucous membranes, lymph nodes and internal organs. Classic manifestations: symmetrical, red-pink rash without itching, maculo-papular or pustular rash, wide condylomas, alopecia. The number of manifestations depends on the period. All this is well described in the literature, but the problem of diagnosis is cases with an atypical clinic or with single inconspicuous clinical manifestations, and such cases are rarely described in the literature.

Materials & Methods: The 43-year-old patient, married, saw his wife two years ago. The soldier was sent to the hospital due to an injury. When examined in the hospital with a non-treponemal test, the reaction of microprecipitation of RMP (screening for syphilis) is positive, the reaction of passive hemagglutination for syphilis (RPHA) is positive. The patient was referred for further consultation. The patient described several unprotected sexual acts. From the medical history: there were no ulcerative, painless lesions on the head of the penis, on the body, or in the oral cavity. Physical examination revealed perioral fissures in both corners of the mouth, covered with grayish-white scales that are painless on palpation and dense under erosion scales. The hairy part of the head: the hair is cut very short, upon careful examination there is small foci of alopecia, reminiscent of "moth-eaten fur". Further physical examination revealed no other skin lesions and lymphadenopathy. General malaise is associated with injury.

Results: In general, clinical tests are within normal limits. HBsAg and antibodies to hepatitis C virus and hepatitis B virus were negative. Microbiological methods of research of *Neisseria gonorrhoeae*, *Trichomonas vaginalis*, *Chlamydia trachomatis*, Key cells, fungi were not detected. Microprecipitation reaction - positive 3+, titer 1:2, passive hemagglutination reaction for syphilis - positive titer 1:2560, IgG antibodies to *Treponema pallidum* - detected.

On the basis of clinical and laboratory tests and a consultation of doctors, the patient was diagnosed with secondary syphilis and prescribed treatment according to the protocol.

Conclusion: Syphilis cases with isolated, inconspicuous symptoms are a differential diagnostic problem. Doctors in their clinical practice should be aware of the possibility of this contagious disease. Early detection of syphilis at any stage of the disease is crucial to reduce disease transmission and prognostic consequences



Abstract N°: 1677

A Missed Diagnosis of HIV: The Story Our Skin Tells

Emily Woolhiser¹, Rajasingam Jayasingam²

¹Kansas City University, Kansas City, United States, ²Lee Memorial Hospital, Fort Myers, United States

Introduction & Objectives:

A 25-year-old male with a past medical history of T2D presented to the ER with evidence of Fournier's gangrene after falling and complaining of pain in his perineal region. He underwent incision and drainage of his perineal area and two debridement surgeries. Of note, he asked to be tested for chlamydia and gonorrhea at time of presentation and was given empiric treatment. He suffered wound dehiscence warranting additional debridement and excision of the scrotal wound exhibiting persisting Fournier's gangrene. At this time his cultures grew *Actinomyces odontolyticus* and he was started on daptomycin and Invanz. Our team was introduced to this patient at this point in his care when he was complaining of blurred vision and angular cheilitis.

Materials & Methods:

This is a singular case demonstrating a common problem of hesitancy towards testing for HIV that still persists.

Results:

Given the patient's age, history of infections and skin findings he was tested for HIV and syphilis. His RPR came back positive with a 1:32 titer and his HIV screen was positive with a CD4 count of 671. Swab of his lips came back positive for HSV 1 which was treated with Valtrex for 5 days. With prompting the patient admits to a history of unprotected sex with a male partner and treatment for syphilis 3 years prior with 3 IM injections, likely penicillin. On neurology consult, his MRI was unremarkable. Given the HIV and positive RPR, Infectious Disease recommended a lumbar puncture that showed a WBC of 16, protein of 243 and a normal glucose level. The VDRL and meningitis panel were negative.

Conclusion:

A high index of suspicion and a curiosity to question all aspects of a patient presentation are key pillars of being a physician but remain imperative in timely detection of HIV. This case of a 25-year-old man with a past medical history of T2D, STDs and a flat affect who was under the care of medical professionals in and out for about two months, serves as a great reminder to never forget about HIV. Additionally, it exemplifies the necessity to look at the patient as one unit and not fixing their individual problems while missing the whole picture.

When the patient began complaining of blurry vision and headache, it was attributed to an adverse effect from his antibiotic regimen. Through history it was revealed that he had a past infection with syphilis. In recent years, cases of syphilis have been on the rise for reasons that are multifactorial but could be attributed to increased reliance on HIV ART and PrEP, giving a false sense of immunity to contracting STDs. Patient's who had a history of syphilis that underwent treatment may also consider themselves immune to acquiring syphilis again and may not be safe with their sexual practices, including laxity in condom usage.

In conjunction with the patient's neurological symptoms, angular cheilitis was newly observed on the patient exemplifying how dermatologic findings can indicate internal disease. While the causes for angular cheilitis are multifactorial, immunosuppression in the form of HIV should be considered, especially when nutritional deficiencies can be ruled out. Using cutaneous lesions and reading in between the lines of the story your young patient is trying to tell you are imperative for timely diagnosis of HIV always.

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Abstract N°: 1687**War as a driver of the spread of sexually transmitted infections. Epidemiological prognosis (literature review).**Tetyana Svyatenko¹, Vasyl Stryukov¹, Andrii Prokhach¹¹Dnipro State Medical University, Skin and venereal diseases, Dnipro, Ukraine

Introduction & Objectives: Any armed conflict has a negative impact on various aspects of human life. In addition to the deterioration of the economic situation, trauma due to hostilities (physical and psychological impact), limited medical care and preventive measures or their complete absence, human life and health are seriously threatened by the “enemy without flags” - infectious diseases and sexually transmitted infections (STIs). The study of the epidemiological situation is of great importance in venereology. To study the factors those worsen the epidemiological situation and develop comprehensive measures and solutions to ensure epidemiological well-being.

Materials & Methods: The authors analysed the literature for 2020-2023. The search was carried out using the keywords “war”, “epidemiological situation”, “sexually transmitted infections” in the PubMed and Google Scholar search engines.

Results: During the First World War, more than a million cases of syphilis and gonorrhoea were reported among civilians in France. 23,000,000 British soldiers were hospitalised with STIs. During the Second World War, approximately 750,000,000 US military personnel were infected with syphilis. To prevent STIs, after calculating the losses due to these diseases, the United States government began distributing condoms and the brochure “Sexual Hygiene and Venereal Diseases” among the military. In Ukraine, the incidence of syphilis increased by 20% in 1946. The incidence of STIs among the military during the Korean War was up to 500 cases per 1,000 soldiers, and during the Vietnam War - 260 cases per 1,000 soldiers. The most commonly diagnosed STDs were human papillomavirus, chlamydia, herpes simplex virus, gonorrhoea and syphilis.

Sexual violence among women and men is distributed 83.2 per cent and 16.8 per cent respectively, the figures for rape among men may be higher, but for psychological reasons not all men report rape, 68.4 per cent reported gang rape. Young women (aged 15-24) suffered the most from sexual violence - 29.2%. Common problems associated with the violence included physical injuries (23.8%), sexually transmitted infections (16.5%), HIV infection (2.7%), unwanted pregnancy (9.5%), and psychological disorders (39.2%). The majority of victims (89.7%) did not receive any medical or psychological assistance after the violence.

Conclusion: The results of current research on armed conflict show that sexual violence against both women and men is the most common form of violence. The risk of STI infection exists among both military and civilians. Immediate medical and psychological assistance to victims is necessary and urgent. Develop a system of rooms for rapid STI screening - fast, free, confidential. Sexuality education - rules of safe sex.

Abstract N°: 1695**Medical Intricacies: Piecing Together the Puzzle of Unusual Symptoms**Mariana-Georgiana Portelli¹, Hrista Teodora Anghel¹, Liliana Gabriela Popa^{1, 2}, Calin Giurcaneanu^{1, 2}¹Spitalul Universitar de Urgență Elias, Dermatovenereology, București, Romania, ²Carol Davila University of Medicine and Pharmacy, București, Romania**Introduction**

Syphilis is a sexually transmitted infection caused by the bacterium *Treponema Pallidum*. Known as the "Great Imitator", this chronic, systemic disease progresses through several stages and may present with a variety of clinical manifestations. Secondary syphilis typically manifests with an eruption marked by numerous small and evenly distributed macules and maculopapules. The progression of the disease is marked by an increase in the size of lesions while their number decreases, focusing on specific areas of the body. Nodules are seldom reported in this context. Effective management requires early diagnosis and detection, particularly considering the potential consequences that can arise in later stages if left untreated.

Results: A 42-year-old married female with an unremarkable medical history, except for a diagnosed iron-deficiency anemia a year prior, presented to our clinic exhibiting a distinctive rash comprising erythematous, shiny papules and infiltrative nodules across the head, trunk, and upper extremities without palmar involvement, coupled with some asymptomatic oral erosions. Commencing three to four weeks prior, she also reported bilateral shoulder pain, left-lateral chest pain, odynophagia, and intermittent dysphagia. Hospitalization was ensued for comprehensive investigations and therapeutic planning. The physical examination yielded unremarkable findings, reflecting the patient's overall well-being within the spectrum of normal physiological parameters. Notably, superficial lymph nodes were non-palpable. Given the patient's denial of risky sexual behavior, the absence of a primary lesion or enlarged lymph nodes, and the distribution and evolution of the cutaneous lesions, other diagnoses such as PLEVA (pityriasis lichenoides et varioliformis acuta) and LyP (lymphomatoid papulosis) were considered. Laboratory findings displayed anemia and elevated liver enzymes.

Histopathological examination of a punch skin biopsy disclosed a lymphoid inflammatory infiltrate throughout the dermal thickness, composed of relatively frequent plasmacytes, predominantly arranged perivascularly or diffusely. At a certain level, the inflammatory infiltrate involved the dermo-epidermal junction, resembling interface dermatitis, while the surface showed an erosion zone with minimal debris between keratin filaments. The histopathological profile and the reactive RPR supported the diagnosis, aligning with characteristic features of secondary syphilis.

During hospitalization, the patient received benzathine benzylpenicillin according to the guidelines, with a favorable evolution. As part of post-treatment care, the patient will undergo regular clinical and serological monitoring at specified intervals.

Conclusion:

The case of our patient underscores the importance for physicians to remain vigilant regarding syphilis as a conceivable differential diagnosis in individuals outside the traditionally high-risk population for sexually transmitted diseases presenting with an uncommon clinical profile. Given syphilis' reputation as a great mimicker, its consideration becomes imperative across a spectrum of clinical presentations.

Abstract N°: 1816**A rash of secondary syphilis revealing a positive HIV infection: Case report**Bouchra Amine¹¹CHU IBN ROCHD, Dermatology, casablanca, Morocco**Introduction & Objectives:**

The rash of secondary syphilis is typically diffuse, nonpruritic, symmetric, and maculopapular on the trunk and extremities; however, the rash is nonspecific and difficult to distinguish from other skin rashes. Nonetheless, the rash involving the palms and soles is a crucial clue to the diagnosis of secondary syphilis. Considering the rapid increase in the number of syphilis cases in Morocco, physicians should conduct a thorough dermatological assessment, including the examination of the palms and soles, to avoid overlooking the diagnosis of syphilis.

Case report:

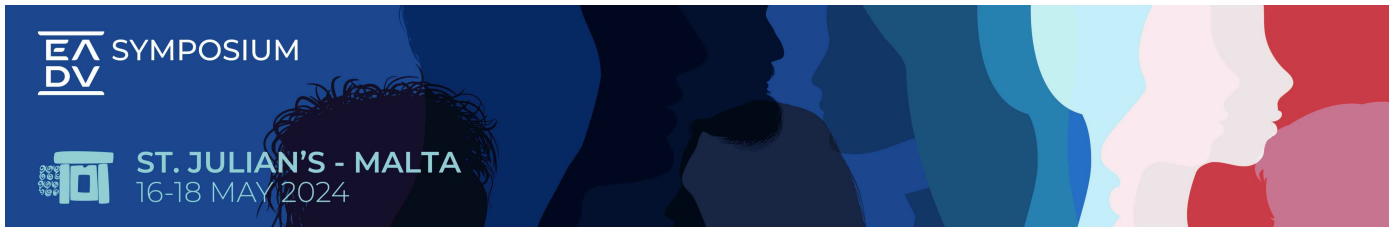
A 47-year-old man, with no significant medical history, was admitted for a non-pruritic skin rash on the trunk and extremities, including the palms of the hands and soles of the feet. He reported a previous genital lesion and a similar skin rash that had resolved spontaneously, with a history of high-risk sexual behaviours. A diagnosis of secondary syphilis was made based on a positive rapid plasma reagin test and Treponema pallidum hemagglutination assay. The HIV screening test came back positive.

He was treated with penicillin, which resulted in the resolution of the skin rash. Haut du formulaire

Discussion:

Syphilis, known as the 'great imitator', is caused by *T. pallidum* and is on the rise. Primary infection causes a, traditionally, painless, syphilitic chancre which heals within weeks and may go undetected by the patient. Haematogenous dissemination of *T. pallidum* occurring up to 6 months after initial infection results in secondary syphilis, which may prompt patients to seek medical attention. Dermatological manifestations of secondary syphilis can be non-specific and may present to practitioners working outside of sexual health. Condylomata lata are non-tender, moist, papules in the genital region which may be confused with genital warts. A maculopapular rash, present in up to 90% of patients, may be subtle and easily confused with pityriasis rosea, infectious mononucleosis, HIV seroconversion or drug reaction. One distinguishing feature of the rash in secondary syphilis is the involvement of the palms of the hands and soles of the feet. Mucous patches of the oral cavity are a hallmark feature of secondary syphilis and can be subtle, being overlooked unless specifically examined for. Left untreated, secondary syphilis may lead to the complications of tertiary syphilis; therefore, a high index of suspicion coupled with a thorough dermatological assessment, including assessment of the palms, soles and oral cavity of patients presenting with genital lesions, is required to make the correct diagnosis.

Syphilis and HIV coinfection create a concerning situation as they interact synergistically, leading to an increased risk of transmission and faster disease progression.



Abstract N°: 1821

HIV and oral warts-a diagnostic challenge

Ghofrane Ouarech¹, Refka Frioui¹, Houda Hammami¹, Amal Chamli¹, Samy Fenniche¹, Anissa Zaouak¹

¹Habib Thameur Hospital, dermatology, Tunis, Tunisia

Introduction & Objectives:

HIV infection remains a critical global public health concern, necessitating early diagnosis and management to mitigate its life-threatening implications. This study explores an atypical clinical presentation of HIV through a case involving oral warts, emphasizing the importance of recognizing uncommon manifestations.

Materials & Methods:

A 40-year-old patient with an unremarkable medical history sought medical attention for two labial mucosa warts persisting for two months. The absence of high-risk behaviors, general health alterations, and other functional complaints was noted during the patient's interview. Clinical examination revealed no additional warts, skin lesions, self-harm scars, and normal oral and genital mucosa, along with unremarkable lymph nodes.

Results:

The unusual presentation of labial warts prompted consideration of potential risky behaviors, particularly oro-genital conduct. Consequently, testing for sexually transmitted infections (STIs) revealed HIV and syphilis positivity.

Discussion:

Unlike well-known oral lesions associated with HIV, such as hairy leukoplakia or oral candidiasis, another atypical oral manifestation in this case aroused concerns.

In this instance, the suspicion of infection was prompted by the unconventional occurrence of warts, which are typically found on the hands, fingers, and soles of the feet. It is noteworthy that our usual consideration for the possibility of a sexually transmitted infection, especially HIV, is often triggered by the involvement of the external genital organs.

Therefore, recognizing these deviations from typical manifestations is crucial for early intervention and management, enhancing the quality of life for HIV-infected individuals.

Conclusion:

HIV/AIDS, classified as a global epidemic by the World Health Organization, demands continuous vigilance due to its profound impact on health and socio-economic aspects. This case underscores the need for clinicians, including dentists, to be adept at identifying both typical and atypical manifestations, emphasizing the role of oral warts as potential indicators of immunocompromise and underlying HIV infection. Early detection is imperative for effective intervention and improved patient outcomes.

