



## Abstract N°: 64

### Secondary Syphilis “ A Nodular Presentation with Granulomatous Inflammation”: case report

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#### Introduction & Objectives:

Syphilis, caused by *Treponema pallidum* and transmitted by close contact, has recently experienced a resurgence despite its decline in the 20th century. The primary stage often goes unnoticed, presenting as a painless chancre, while the secondary stage affects 25% of untreated cases, with a rash and non-specific symptoms such as fever. Known as ‘the great imitator’, its diverse clinical and histological presentations pose a diagnostic challenge to dermatologists and pathologists.

#### Materials & Methods:

This report highlights a case of nodular secondary syphilis with granulomatous inflammation in a 22-year-old woman presenting with persistent erythematous nodules on the face. Initial mismanagement with corticosteroids delayed the diagnosis, which was later confirmed by histopathology and positive serologic tests. Treatment with benzathine penicillin G completely resolved the lesions.

#### Results:

We report the case of a 22-year-old woman presented with erythematous, mildly painful, expanding nodules on her forehead, nose, and chin for the past year and a half, accompanied by headaches and fatigue. She showed little improvement after the administration of systemic corticosteroids. Physical examination revealed multiple well-defined papules and nodules, 3 to 15 mm in size, brown-red in color with focal orange areas on the forehead, and several others on the nose and chin “Figure 1”. A punch biopsy of the lesion was performed, showing an atrophic epidermis with overlying orthokeratotic hyperkeratosis. The granular layer was reduced, and the epidermal papillae were present but slightly diminished. The basal layer showed interface lesions with apoptotic keratinocytes. The superficial dermis was fibro-collagenous, with foci of fibro-edematous regression. It contained a diffuse inflammatory infiltrate with deep granulomatous organization, composed of lymphoplasmacytes and epithelioid cells “Figure 2”. No giant cells or caseous necrosis were observed, and there were no asteroid or Schaumann bodies. Thickening of the basal layer was noted (Periodic acid-Schiff stain), with no mucin deposits (Alcian blue stain) or acid-fast bacilli (Ziehl stain).

The patient later reported unprotected sexual intercourse in the past two years. The venereal disease research laboratory (VDRL) test was positive with a titer of 1/32, and the *Treponema pallidum* hemagglutination test (TPHA) was positive with a titer of 1/2560.

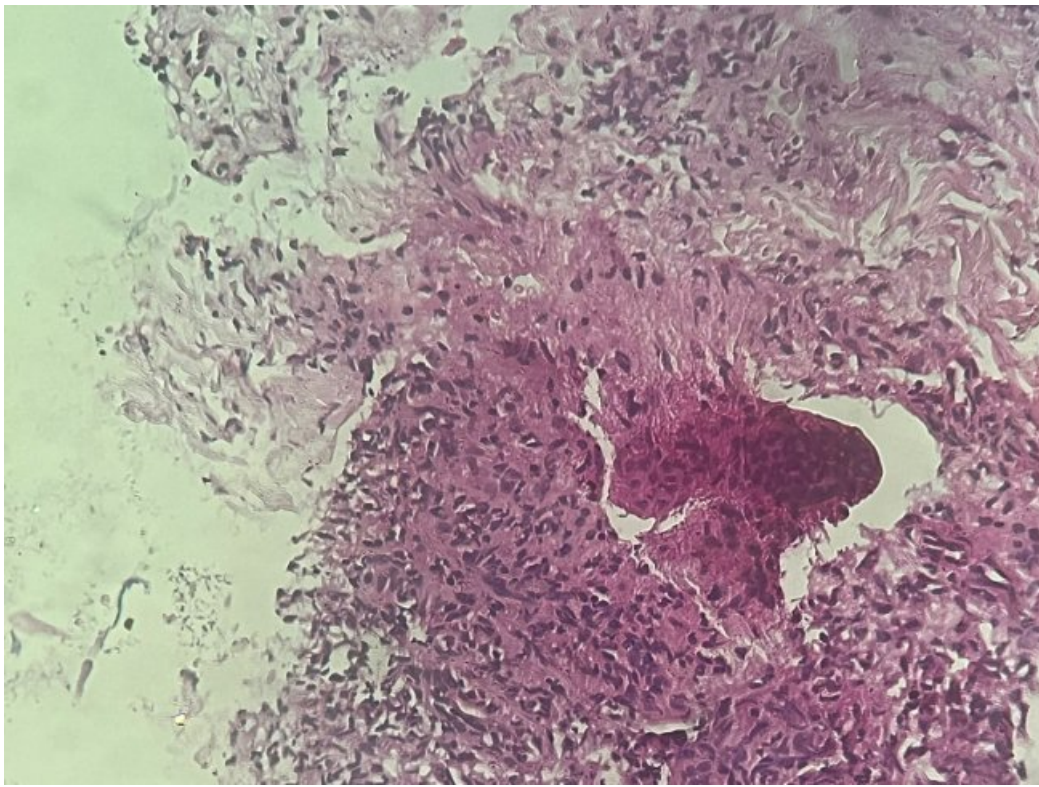
The patient received three doses of intramuscular penicillin (2.4 million units). Treatment with benzathine penicillin G led to complete resolution of symptoms “Figure 3”.

#### Conclusion:

This case of nodular secondary syphilis with granulomatous inflammation highlights the diverse clinical and histopathological presentations of syphilis, including persistent erythematous papules and nodules sparing the palms and soles. Its variability underlines the diagnostic challenges and emphasises the importance of clinical vigilance and serological testing. Benzathine penicillin remains the preferred treatment for all stages.



**Figure 1: Multiple well-defined papules and nodules, measuring 3 to 15 mm in size, brownish-red in color with focal orange areas on the forehead, and several others on the nose and chin.**



**Figure 2: A dense dermal granulomatous infiltrate with lymphocytes and numerous plasma cells.**





**Figure 3: The patient after three doses of intramuscular penicillin (2.4 million units).**



**Abstract N°: 170**

**Herpes Vegetans and Kaposi Sarcoma; the uninvited visitors in a HIV (Human Immunodeficiency Virus) patient (Case Report)**

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**Introduction & Objectives:**

*Herpes vegetans is a rare presentation of Herpes simplex virus (HSV) seen in immunocompromised patients, most commonly HIV (Human Immunodeficiency Virus) patients. It usually presents therapeutic challenge as acyclovir resistance is often noted in these cases . It could also resemble other lesions such as cutaneous tuberculosis, condyloma acuminata as well malignant neoplasms which makes the diagnosis challenging .*

*Here we report a case of an immunocompromised patient with coexistent vulval herpes vegetans and Kaposi sarcoma, which is a rare occurrence. We aim to increase awareness around the topic of herpes vegetans given its diagnostic and therapeutic challenge.*

**Materials & Methods:**

*A 33-year-old female, with a background of advanced HIV, presented with 5 months history of itchy brownish- purple plaques on her back. The lesions started on the dorsum of her hands which eventually spread to other areas of her body. On initial investigation, HIV viral load was 42254 with a CD4 count of 29 and she was not started on anti-retroviral treatment at the time of presentation. On examination, there were hyperpigmented papular and nodular polygonal lesions on the limbs, torso and face with multiple dark brown plaques on her back and inguinal regions. These lesions were clinically treated as Kaposi sarcoma, prior to skin biopsy which confirmed the diagnosis.*

*Five months after the onset of the lesions on the back, she presented with itchy discharge producing vulval lesions which were unusual and posed a diagnostic challenge. These were diagnosed as herpes vegetans, which was confirmed by biopsy. Following this, she was started on a course of valacyclovir. There was improvement noted to the vulval lesions few weeks after initiation of valacyclovir.*

**Results:**

*A skin punch biopsy was performed on the vulval lesion. Histopathological examination showed partially ulcerated skin and a superficial dermis with dense inflammatory infiltrate which comprises predominantly neutrophils, eosinophils, plasma cells and lymphocytes. There was considerable neutrophil exocytosis into the surface epithelium with accompanying spongiosis. On immunohistochemistry, the cells-stained positivity for Herpes Simplex Virus which supported the diagnosis of herpes vegetans.*

*The punch biopsy of the lesion removed from the lesions on the back showed mild hyperkeratosis. Within the deep dermis, there was a small nodular proliferation of uniform spindled cells with intervening slit-like and small blood-filled vascular spaces. Similar patches of spindled cells were also seen within mid dermis which were positive for HHV-8 ( Human Herpes Virus) . These histopathological features confirmed the diagnosis of Kaposi's sarcoma.*

**Conclusion:**

*In literature, valacyclovir, foscarnet, cidofovir and imiquimod have been reported to be effective in treating herpes vegetans while acyclovir is known to be ineffective . In line with this, our patient reported an improvement following a course of valacyclovir.*

*Occasionally , Herpes Virus may present in an unusual manner creating a diagnostic dilemma that can potentially delay diagnosis and treatment. Our case report highlights the importance of considering atypical presentations of HSV in immunosuppressed patients , regardless of other lesions seen on the skin , as early recongnition and treatment are critical , especially in this population.*

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**Abstract N°: 186****Clinical Features and Management of Kaposi Sarcoma in AIDS: A Case Report Series**

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**Introduction & Objectives:** Kaposi sarcoma is a multifocal endothelial-origin tumor associated with human herpesvirus 8 infection. Typically, the lesions present as patches, plaques, or hemorrhagic nodules. There are four main forms: classic, endemic African, iatrogenic related to the use of immunosuppressive drugs, and epidemic associated with HIV. In HIV-infected patients, lesions typically involve the face and may spread to the limbs, trunk, and genital areas. They are typically asymptomatic but can cause discomfort or bleeding when they become ulcerated. In some cases, internal organs, mainly the gastrointestinal tract, may also be affected. Diagnosis of Kaposi sarcoma requires confirmation by histopathology of skin samples.

**Materials & Methods:** We present three cases of Kaposi sarcoma in AIDS patients. Typical nodular skin lesions with a purple color are shown. In one patient, involvement of the mucous membrane is observed. On dermoscopy, Kaposi sarcoma lesions show a vascular pattern accompanied by areas of hemosiderin deposition, which appears as yellowish "halo".

**Results:** The clinical, dermoscopic, and histopathological characteristics of the patients are discussed.

**Conclusion:** Early diagnosis and antiretroviral treatment introducing is crucial to improve prognosis in this disease.



**Abstract N°: 227****Syphilis in Art - The Artistic History of a Sexually Transmitted Infection**

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**Introduction & Objectives:** Syphilis has been prevalent since the 15th century and has a long history in medicine. Despite no longer being an unknown infection and having established treatment, the number of syphilis infections has drastically increased in recent years. Given its long history, the question arises as to why this increase is occurring now. The reflection of a disease is also a reflection of society and its way of dealing with the unknown. An essential societal aspect of processing experiences is art. Syphilis carries several social connotations that have found expression in the visual arts over the years. To explore the history of syphilis and gain insight into why it remains a topical issue, it is valuable to examine art in relation to syphilis.

**Materials & Methods:** A total of 18 illustrations related to syphilis were selected, assigned to the corresponding artistic epochs, and interpreted in terms of iconography. The selected images were then compared with each other, while considering the respective medical-historical background.

**Results:** While syphilis was mainly depicted as an unknown event in the Renaissance and Baroque periods, with religion being a frequent theme, modern syphilis art tends to serve as a moral evaluation or a warning against the infection, while aiming to educate society. Initially portrayed as a punishment from God, syphilis' character as a sexually transmitted infection first appears in later images.

**Conclusion:** In almost all depictions, syphilis is shown as a stigmatizing disease, with its infectiousness often attributed to the female sex. Today, the study of the art allows conclusions to be drawn about society's view of syphilis and helps to form a patient-orientated approach to the infection.





**Abstract N°: 418****Acceptability and Validation of Self-Collected Versus Clinician Collected Sample Among Women Suffering from Vaginal discharge- A Cross-Sectional Study at a National Reference Laboratory of India.**

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**Introduction & Objectives:** Vaginal discharge (VD) is a common presenting complaint in women of reproductive age group worldwide, associated with lot of stigma. In view of the fact that many women have inhibitions about consult clinicians and undergo gynaecological examination, self collection is an alternative. In developing nations like India, there are very limited studies evaluating the performance of self collected swabs. Hence this study was conducted with the aim to evaluate performance of conventional microbiological diagnosis and Real time PCR in detection of organisms on self-collected sample in VD compared to sample collected by clinician.

**Materials & Methods:** Women with VD presenting in STD clinic, gynecology OPD and targeted intervention sites were counselled to properly collect vaginal swab. Swabs were collected by the patient and clinician to be evaluated in STD laboratory for the cause of VD. Various tests which were conducted for detection of candida (wet mount, KOH and culture), *Trichomonas vaginalis* (wet mount, PCR), Bacterial vaginosis (Microscopy (Grams stain), pH, whiff test, Real Time PCR), Gonorrhea (Gram stain, Real Time PCR, culture), Chlamydia, Mycoplasma and Ureaplasma (Real Time PCR). Statistical analyses was done to find sensitivity, specificity, positive and negative predictive value for tests on self collected samples as compared to physician collected samples.

**Results:**

Total of 300 samples (self-collected 150 and clinician collected 150) were collected and evaluated. Microbiological tests were done in all 300 samples. *Trichomonas vaginalis* was detected equally in both self collected and clinician collected samples. The clinician collected swabs showed more positivity for detection of Candida and Bacterial vaginosis.

PCR was done in 190 samples (self-collected 95 and clinician collected 95). *Neisseria gonorrhoeae* and *Chlamydia trachomatis* were equally detected in both swabs. But clinician collected swabs showed more positivity for *Trichomonas vaginalis*. Interestingly, self collected samples showed more positivity for bacterial vaginosis and *Ureaplasma sp.* For detection of Candida, *Trichomonas*, Bacterial vaginosis by conventional microbiological tests, sensitivity was 85.7%, 100%, 83.3% respectively, specificity and positive predictive value was 100% for all, negative predictive value was 92.1%, 100% and 96.1% respectively. For detection of *Trichomonas vaginalis*, bacterial vaginosis, gonorrhea, chlamydia and ureaplasma by Real time PCR, the sensitivity of self collected swabs was 66.7%, 100%, 100%, 100%, 100% respectively, specificity was 100%, 97.8%, 100%, 100%, 96.4% respectively, positive predictive value was 100%, 60%, 100%, 100%, 81.2% respectively, and negative predictive value was 98.9%, 100%, 100%, 100%, 100% respectively.

Feasibility of the tests was evaluated using questionnaire, and 72.2% felt that they would not undergo self-collection over traditional clinician collected in their next episode of VD. Majority (75.6%) felt that self-collection of genital samples would not make STD testing more convenient for them.

**Conclusion:**

Self collected swabs show results similar to clinician collected swabs and have good sensitivity and specificity for most organisms causing VD. Majority felt that they would not undergo self-collection again. Further studies are needed to understand reasons for low acceptability.



**Abstract N°: 455****Awareness and practice of “partner notification” among male, suffering from STI attended in a Medical College Hospital, Dhaka, Bangladesh: A cross sectional survey**Muhammed Kamrul Hassan\*<sup>1</sup><sup>1</sup>Dhaka Medical College Hospital , Dhaka, Bangladesh**Introduction & Objectives:**

Partner notification is an important key part of management for sexually transmitted infections. It is essential to reduce chronic, recurrent infections and transmission. But among Bangladeshi population, the concept of partner management is extremely low. To minimize the problem, recent perceptions of partner notification among people are needed to be evaluated and explored further.

**Materials & Methods:**

It was a cross sectional study, being conducted among 67 male patients aged between 22-50 years, educational status between elementary to graduate, attended in Skin & Venereal Disease outdoor patient department of Dhaka Medical College Hospital, Dhaka ,Bangladesh from July,2023 to September,2023.

Patients were selected specifically suffering from urethritis following having sexual intercourse with other than their legal partners without condoms. Participants were interviewed separately with a pre-formed set questionnaire. Findings were analyzed to comprehend the awareness of partner notification

**Results:**

All participants (67) were married. All had one or more sex partners other than wife. 61 (91.04%) were suffering from recurrent STI, 6 were suffering from acute STI though none was found HIV positive.

Among all participants, 44 (65.67%) were completely unaware of partner notification. 13 (19.40%) were aware, but did not notify for the fear of familial disharmony, 7(10.44%) intended to notify but it was too late and meanwhile transmitted the infection, 3(4%) considered the notification worthless.

**Conclusion:**

Considering the limitations, this study will provide some direction to research for the improvisation of awareness of partner notification among the people of Bangladesh.



**Abstract N°: 585****HIV testing disparities in adolescents based on sexual identity in the U.S.**

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**Introduction & Objectives:** Adolescents ages 13-24 accounted for\*\* 19% of HIV diagnoses in the United States in 2022. Understanding the factors influencing HIV testing among adolescents is crucial for early detection and intervention. However, it is unclear whether sexual identity influences HIV testing among adolescents. Our study aimed to determine whether sexual identity was associated with HIV testing among high school students in the US.

**Materials & Methods:** An analytical cross-sectional study was performed using the 2021 Youth Risk Behavior Surveillance System database (N=3,190). A history of HIV testing was the primary outcome of interest while controlling for possible confounding variables including sex, age, grade, alcohol use, illicit drug use, tobacco use, and other STI testing in the past 12 months. Unadjusted and adjusted logistic regression analysis was used to calculate odds ratios (OR) and corresponding 95% confidence intervals (CI).

**Results:** Our sample included 3190 adolescents. The percentage of study participants with a history of HIV testing was 10.5%. There was no statistically significant association between sexual identity and HIV testing. The history of STI testing emerged as the strongest predictor of HIV testing, with an adjusted OR of 77.18 (95% CI 43.92-135.65).

**Conclusion:** Low rates of HIV testing among youth can result in underdiagnosis and treatment, increasing the risk of potential transmission. Future directions should prioritize testing in all populations and further allocate preventative measures, HIV educational materials, and medical resources for both youth and adults alike.



**Abstract N°: 605****Sexually Transmitted Infection Cases in Kosovo from January 2019 to September 2024**

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**Introduction & Objectives:** Sexually transmitted infections (STIs) pose a significant public health issue worldwide. This study aims to analyze the prevalence, distribution, and trends of STIs in Kosovo from January 2019 to September 2024. The objective is to identify the most common infections, affected demographics, and regional differences in reported cases.

**Materials & Methods:** Data from the national registry of reported STI cases in Kosovo were analyzed. The data include information on the type of infection, gender, age, and geographic distribution of reported cases. Statistical methods were used to determine the prevalence and distribution patterns.

**Results:** The study reveals a total of over 2,000 reported cases of STIs in the period under review. The highest number of cases was in the municipality of Pristina, followed by Ferizaj, Peja, and Prizren. Condyloma Acuminata and Chlamydia were the most prevalent infections. Males represented 62% of the total cases, with the highest incidence observed in the 25-49 years age group, which accounts for the majority of sexually active individuals.

**Conclusion:** This study underscores the high prevalence of sexually transmitted infections in Kosovo, particularly in urban areas. The findings highlight the need for enhanced public health initiatives targeting high-risk populations, with a focus on prevention, early diagnosis, and treatment to mitigate the long-term consequences of STIs.







## Abstract N°: 607

### New HIV Cases from 2020-2023 at the University Clinical Center of Kosovo

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**Introduction and Objectives:** HIV remains a significant global health challenge, causing over 42.3 million deaths to date. In 2023, there were 630,000 deaths and 1.3 million new infections. While no cure exists, modern approaches to prevention, diagnosis, treatment, and care, including the management of opportunistic infections, have made HIV a manageable chronic condition. This study analyzes new HIV cases reported at the Infectious Disease Clinic of the University Clinical Center of Kosovo (QKUK) between 2020 and 2023.

**Materials and Methods:** A retrospective analysis of patient data from 2020 to 2023 was conducted using the clinic's registry.

**Results:** Of the 34 cases studied, the majority were male (32 cases), resulting in a male-to-female ratio of 16:1. The average patient age was 31.76 years, ranging from 21 to 56 years. Most cases were in the 20-29 age group (18 cases), followed by 30-39 (10 cases) and 40-49 (5 cases). Cases in individuals over 50 were rare, with only one case recorded. This points to a concentration of new cases in younger individuals.

The number of new HIV cases increased from 2 in 2020 to 14 in 2023, with a sharp rise in 2021 and 2022. Geographically, the highest number of cases were in Prishtina (11 cases), followed by Prizren (6 cases), with other municipalities reporting fewer cases.

Regarding sexual orientation, the majority of cases were among homosexual men (21 cases), followed by heterosexual men (11 cases) and bisexual men (2 cases). Thirty patients survived and were followed through to the study's end, while 1 patient died and 3 were lost to follow-up. CD4+ lymphocyte counts ranged from 4 to 1208 cells/ $\mu$ L, with viral loads <40 copies/mL. Thirteen patients had CD4+ levels below 350 cells/ $\mu$ L, and 10 had levels below 200 cells/ $\mu$ L.

Regarding treatment, 25 patients received dolutegravir, abacavir, and lamivudine, while 9 patients were prescribed efavirenz, emtricitabine, and tenofovir.

**Conclusion:** The average age of patients was 31.76 years, with a high concentration in the 20-29 (53%) and 30-39 (29%) age groups, suggesting that younger adults are most affected. This underscores the need for targeted sexual education and awareness campaigns for this demographic. A significant portion (56%) of cases were among homosexual men, emphasizing the need for specific preventive programs and support for the LGBTQ+ community.

The increase in new cases, from 2 in 2020 to 14 in 2023, suggests a growing trend in diagnoses or new infections. A high proportion of cases were diagnosed at advanced stages, indicating delayed awareness or healthcare access. Late diagnoses, with high viral loads and weakened immune systems, increase the risk of opportunistic infections.

Despite Kosovo's low HIV prevalence, continued healthcare efforts are needed. Early detection and timely initiation of antiretroviral therapy (ART) are key to improving quality of life and longevity for those affected. However, stigma and discrimination remain barriers to HIV testing, and the rising number of individuals engaging in risky behaviors highlights the need for continued efforts to promote testing and awareness.

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**Abstract N°: 733****Rash Decisions: The role of the dermatologist in unveiling the “Great Imitator” - A Case Series**

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**Introduction & Objectives:**

Syphilis, often termed the “Great Imitator,” presents a diagnostic challenge due to its polymorphic clinical manifestations. We describe two patients, referred without a diagnosis. They highlight the important role the dermatology team plays in recognising this treatable infectious disease.

**Case 1:**

A 39-year-old South Asian male with a history of syphilis treated three years previously presented with non-specific malaise and rapidly evolving widespread pruritic nodules. Community RPR eight weeks prior and treponemal PCR completed by the referring specialty one week prior to referral were negative. A skin biopsy and repeat treponemal serology were performed at dermatology review due to high clinical suspicion. These were both positive, confirming secondary syphilis. This case highlights the significance of the described “prozone effect” with initial false-negative treponemal serology, and showcases some atypical and more challenging clinical and histological manifestations in the form of a nodular rash and granulomatous histology.

**Case 2:**

A 58-year-old male presented with a 6-month history of recurrent fevers, weight loss and unexplained splenomegaly (20cm) with thrombocytopenia. He underwent multiple investigations including PET-CT and bone marrow biopsy for presumed haematological malignancy. He was scheduled for diagnostic/therapeutic splenectomy, however, development of a widespread papular rash involving the palms and soles first prompted a dermatology referral. Skin histology and treponemal serology confirmed the suspected clinical diagnosis of syphilis. The patient responded dramatically to treatment, highlighting the role of early diagnosis in preventing unnecessary invasive and costly procedures.

**Conclusion:**

These cases serve to raise awareness of the diagnostic complexity of syphilis, and the role of the dermatology team in timely recognition.



**Abstract N°: 775****Effectiveness and safety of topical application of diphenylcyclopropenone versus podophyllin in treatment of genital warts**

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**Introduction & Objectives:**

Many therapeutic modalities are available for treating genital warts; however, the effectiveness of both diphenylcyclopropenone and podophyllin is still controversial.

Our main aim is to evaluate and compare the effectiveness and safety of diphenylcyclopropenone and podophyllin in treating genital warts to improve treatment outcome for this challenging disease.

**Materials & Methods:**

This study included 57 patients, divided randomly into two groups. Group (A): diphenylcyclopropenone (n = 29). Group (B): podophyllin 25% (n = 28). In group (A), sensitization was done with 2% diphenylcyclopropenone. Then, after 1 or 2 weeks, treatment started with a weekly application of diphenylcyclopropenone solutions ranging between 0.001 and 1% until clearance, or for a maximum of 10 sessions. In group (B), podophyllin 25% was applied weekly until clearance or for a maximum of 6 weeks.

**Results:**

Higher clearance was achieved in group A, with 19 of 29 (65.5%) patients, than in group B, with 9 of 28 (32.1%) (p-value = 0.004). Also, effectiveness increases with young age in group A. Shorter wart duration was associated with better response in both groups (p-value = 0.005). No serious adverse effects occurred in either group. No recurrence was detected in group A, while seven patients (77.8%) had recurrence in group B after 1 year of follow up.

**Conclusion:**

Diphenylcyclopropenone shows a higher success rate than podophyllin in treating genital warts and a lower recurrence rate.

Note:

This work has been previously published in international journal of STD & AIDS journal International journal of STD & AIDS vol. 34,9 (2023): 641-648

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The abstract is submitted here for the purpose of presentation at the conference.



**Abstract N°: 858****Unusual Blisters: A Case of Bullous Miliaria Crystallina in a Patient with Acquired Immunodeficiency Syndrome**Glen Aldrix Anarna\*<sup>1</sup>, Maria Carla Buenaflor<sup>1</sup>, Arunee Siripunvarapon - Dela Cruz<sup>1</sup><sup>1</sup>Philippine General Hospital, Dermatology, Manila, Philippines**Introduction:**

Miliaria crystallina is a self-limiting skin condition caused by the obstruction of sweat ducts in the outermost layer of the epidermis, the stratum corneum. This blockage results in the formation of tiny, sweat-filled vesicles, typically measuring 0.1-0.3 cm. The condition is often triggered by factors such as exposure to hot and humid environments, prolonged skin occlusion, or elevated body temperatures.

**Case Report:**

We present the case of a 25-year-old male with Acquired Immunodeficiency Syndrome (AIDS), who suddenly developed multiple, tense, 0.1-3.0 cm vesicles and bullae with an erythematous base on the face, neck, and bilateral axillary areas while in the intensive care unit. He was undergoing treatment for various opportunistic infections including central nervous system infections (CNSI) and *Pneumocystis* pneumonia. An infectious etiology, such as a herpesvirus infection, was initially considered for the vesicles and bullae, and a Tzanck smear was performed. However, it was negative for multinucleated giant keratinocytes. Histopathology results revealed subcorneal and intracorneal splits, consistent with the diagnosis of miliaria crystallina. Direct immunofluorescence studies of perilesional skin showed negative results, ruling out an autoimmune blistering disease. Aseptic rupture of the vesicles and bullae, followed by application of triamcinolone acetonide lotion were done which caused resolution of skin lesions after four days of treatment.

**Conclusion:**

This case highlights the importance of recognizing non-infectious, inflammatory bullous dermatoses which can have atypical presentation in an immunocompromised patient.





**Abstract N°: 860****Use of Short-course, High-dose Clofazimine for Type 1 Lepra Reaction in an HIV-positive Patient with Leprosy**Glen Aldrix Anarna\*<sup>1</sup>, Claudine Yap-Silva<sup>1</sup><sup>1</sup>Philippine General Hospital, Dermatology, Manila, Philippines**Introduction:**

Leprosy, or Hansen's Disease, is a chronic infectious disease caused by *Mycobacterium leprae*, primarily affecting the skin and peripheral nerves. It remains a significant global health concern, classified as a neglected tropical disease, despite the advent of multidrug therapy (MDT). Early diagnosis and treatment are crucial in preventing lifelong disabilities. Type 1 lepra reactions are common in leprosy patients, with oral corticosteroids as the main treatment of choice. However, in immunocompromised patients, such as those with HIV, prolonged steroid use increases the risk of opportunistic infections, highlighting the need for alternative non-immunosuppressive therapies.

**Case Report:**

We present the case of a 40-year-old male living with HIV (PLHIV) since 2022, maintained on lamivudine-tenofovir disoproxil fumarate-dolutegravir (LTD), who developed biopsy-proven lepromatous leprosy. He was treated with MDT, but eventually noted worsening erythema and swelling of the skin lesions, as well as lymphadenopathy. He was initially prescribed Prednisone starting at 40 mg daily, tapered then maintained at 10 mg daily for 10 months. However, on repeat laboratory testing, his CD4 counts became undetectable, and he developed oral Candidiasis. Prednisone was then tapered off, MDT was extended for another 3 months, and zinc gluconate was added to support immune function. Following the discontinuation of Prednisone, his lesions remained erythematous and swollen. A trial of short-course, high-dose clofazimine was initiated (300 mg/day in the first month, reduced to 200 mg/day in the second month, and 100 mg/day in the third month), alongside the standard MDT dose of clofazimine. After three months, the lesions flattened, became less erythematous, and progressed into brown patches. MDT was discontinued with no recurrence of Type 1 reactions. His viral load remained undetectable, and further CD4 count increased to 288.

**Conclusion:**

This case suggests that short-course, high-dose clofazimine may be a viable non-immunosuppressive alternative for managing Type 1 lepra reactions in PLHIV patients, especially those at risk from chronic steroid use. However, further studies are required to confirm its safety and efficacy.





**Abstract N°: 916**

**HAPUM: A prospective study comparing incidence of HPV genotypes and differences in HPV-associated dermatopathologies between a PrEP-using MSM and a HIV negative/PrEP-naïve MSM cohort**

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**Introduction & Objectives:**

Men who have sex with men (MSM) utilizing HIV-pre-exposure prophylaxis (PrEP) exhibit increased vulnerability to human papillomavirus (HPV)-related cancers. Despite this increased vulnerability, comprehensive clinical care guidelines for this population remain absent. Only by identifying specific risk factors can sexual health centers increase the level of care among MSM using PrEP and formulate effective prevention guidelines for HPV-related diseases. This study aims to collect HPV-related data among MSM using PrEP and use it to formulate clinical prevention guidelines for both HPV and HIV in Europe.

**Materials & Methods:**

This prospective cohort study includes participants from Germany and Austria. A total of 230 MSM, comprising both PrEP users and PrEP-naïve individuals, are being surveyed to compare sociodemographic factors, anti-HPV vaccination status, and sexual histories. Participants will also undergo clinical examinations to identify cutaneous manifestations of HPV-associated pathologies. Additionally, the German subset will undergo HPV genotyping using polymerase chain reaction (PCR) methods on anal, oral, and penile swabs.

**Results:**

Among the first 89 PrEP users included in the study, all participants identified as male, with a median age of 40 years. Of these, 49% reported being in an open relationship, 45% were single, 5% were in a permanent relationship, and 1% did not report their relationship status. Among the study participants, 89% identified as homosexual, 8% as bisexual, and 3% as pansexual, bi-curious, or heterosexual. The prevalence of smoking was 18%, while 59.5% reported never having smoked, 17% had quit smoking, and 5.5% did not report their smoking status. The median year of PrEP initiation was 2021, with 80% of participants using PrEP daily, 19% using it event-based, and 1% using it in other ways.

Anal swabs revealed a 70% prevalence of high-risk (HR), 30% of intermediate-risk (IR), and 54% of low-risk (LR) HPV. Oral swabs showed a 3% prevalence of HR, 1% of IR, and 2% of LR HPV. Penile swabs indicated an 18% prevalence of HR, 6% of IR, and 9% of LR HPV. The vaccination rate among participants was 20%. The median number of lifetime sexual partners reported was 100. Dermatopathologies, including condyloma, were also identified. Additional results from the ongoing study are yet to undergo further analysis and will be presented. A comparative analysis with the PrEP-naïve cohort is expected to be completed in the near future.

**Conclusion:**

Rates of HPV prevalence in anal and penile swabs among the PrEP-using cohort were notably high, highlighting an increased vulnerability to HPV-related diseases. When combined with findings from the PrEP-naïve cohort, these results will offer valuable insights to inform clinical recommendations and prevention strategies aimed at reducing the burden of HPV-related diseases among PrEP-using MSM in Europe.



**Abstract N°: 968****Isolated cutaneous vasculitis in secondary syphilis**

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**Introduction & Objectives:**

Cutaneous Vasculitis is inflammatory disease of the cutaneous blood vessels which may be secondary to a hypersensitivity reaction to different infectious agent such as *Treponema Pallidum* (T.P) in syphilis.

We report a case of isolated cutaneous vasculitis in a secondary syphilis.

**Materials & Methods:**

This is a 45-year-old patient, His past medical history was non-relevant except for previous unprotected sexual intercourse. The patient denied history of previous medications or skin diseases. He consulted for the appearance of progressive purple-red lesions on both legs that had been present for 35 days and were evolving in a context of apyrexia and preservation of general condition. Clinical examination revealed purpura confluent in places, forming slightly infiltrated ecchymoses poorly limited, associated with a few bilateral erythematous papular lesions on the extensor surfaces of both legs and knees. Examination of the rest of the skin revealed no other lesions, and the rest of the clinical examination revealed small, firm, mobile, painless posterior cervical nodes.

A skin biopsy was performed, and the result was leukocytoclastic vasculitis. Biological and immunological tests were normal except for syphilitic serology, which was positive (TPHA + 1/160 and VDRL = 256), and a diagnosis of secondary syphilis was therefore made. the patient received a single intramuscular dose

of 2.4 million IU of benzathyl benzylpenicillin intramuscularly with a very favourable clinical and biological outcome, more or less rapid healing of all lesions after just one week; subsidence of the cervical nodes and marked reduction in VDRL (1/4 after one month, 1/2 after 3 months). the HIV serology after 3 months remained negative.

**Results:**

Secondary syphilis is the septicemic dissemination phase of T.P., which presents with polymorphous cutaneous eruptions that are often very confusing, and for which it is known as the 'great imitator'. This observation clearly illustrates that syphilis is constantly omnipresent, with new clinical presentations such as vasculitis. The infectious antigens of TP, together with the antibodies, form circulating immune complexes that deposit on the walls of cutaneous vessels, get activated and provoke an influx of neutrophils which, by means of proteolytic enzymes and free radicals, causes necrosis of the vascular wall and obstruction of cutaneous blood vessels.

**Conclusion:**

Secondary syphilis is fearsome because of its polymorphism, latency and extreme contagiousness. Therefore it is serious if unrecognised and neglected, but benign if treated early.



**Abstract N°: 1068****Sexual Function and Quality of Life in males with anogenital warts : A Prospective Study.**

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**Introduction & Objectives:**

Anogenital warts (AGW) are the most common sexually transmitted infection. It is caused by Human Papilloma virus (HPV 6 and 11 in more than 90% of cases). Sexual activity and quality of life could be affected in patients with AGW. We aimed to study the sexual function and quality of life impairment in men with AGW.

**Materials & Methods:**

We conducted a monocentric prospective study over a period of six months. We performed a clinical examination, dermoscopy and biopsy for all patients with AGW diagnosed clinically. Assessment of quality of life and sexual dysfunction were determined using Dermatology Life Quality Index (DLQI) and International Index of Erectile Function (IIEF).

**Results:**

In our study, we included 16 male patients with a mean age of 34 years ( $\pm 13.75$ ). Warts were located in the penile area (17%), perineal area (29.4%), and perianal area (47%). The mean delay before the first consultation was 9 months. The overall IIEF score was 25.59 out of 75, with 82.35% of patients experiencing erectile dysfunction : 76.47% severely, 5.9% moderately, and 17.6% considered normal. Additionally, 47% reported impairment in quality of life, with a mean DLQI score of 8.09, indicating a significant impact on overall well-being.

**Conclusion:**

Our findings align with existing literature regarding the impact of AGW on quality of life, with more than one-third of men experiencing sexual dysfunction. This condition also significantly affects their psychological and emotional well-being, leading to increased feelings of embarrassment, anxiety, and a diminished sense of masculinity, all of which contribute to a reduced quality of life. The psychosocial burden on men should not be underestimated, as it can have long-lasting effects on their mental health and social functioning. While studies indicate that the psychosocial consequences of AGW on health-related quality of life are more pronounced in women, erectile dysfunction in men also negatively affects intimate relationships and diminishes sexual satisfaction for female partners.





**Abstract N°: 1185****periungual scc in a hiv positive patient**Abigail Williams<sup>1</sup>, Akanksha Gupta<sup>1</sup>, Urvi Popli<sup>1</sup><sup>1</sup>Glan Clwyd Hospital, Internal Medicine, Bodelwyddan, United Kingdom**Introduction & Objectives:**

Patients with HIV are at a heightened risk of developing skin malignancies, especially squamous cell carcinoma (SCC). Chronic immunosuppression and altered immune surveillance both contribute to oncogenesis. Periungual SCCs can carry close clinical resemblance to multiple dermatoses and thus can often be misdiagnosed as benign, leading to delayed intervention. Human papillomavirus-induced periungual SCC in situ has been described in the literature within the HIV patient cohort however periungual invasive malignancy is less well documented. This case highlights the diagnostic and therapeutic challenges in managing aggressive cutaneous malignancies, emphasising the subsequent importance of multidisciplinary management and recommended high-risk follow-up in immunosuppressed patients.

**Materials & Methods:**

A 54-year-old male with longstanding HIV on effective antiretroviral therapy presented with a year-long history of a keratotic, verrucous lesion on the periungual region of the left index finger which had resulted in severe onycholysis. The lesion, refractory to over-the-counter treatments, raised clinical suspicion for Bowen's disease, verrucous carcinoma, or SCC. An incisional biopsy was performed which confirmed early SCC with Bowenoid actinic keratosis. A decision was made to amputate the lesion at the distal interphalangeal (DIP) joint, which was done with clear surgical margins.

**Results:**

Following surgery, the patient underwent multidisciplinary team discussions and remains under high-risk cutaneous immune surveillance for three years. Satisfactory healing was noted at the post-surgical sites, with no regional lymphadenopathy. Two new lesions were identified on the arms of which one was histologically confirmed as a completely excised SCC and the other granulomatous inflammation. Histological analysis of another lesion four months later confirmed actinic damage. Regular reviews are ongoing, with no evidence of recurrence thus far.

**Conclusion:**

This case impresses the importance of vigilant surveillance and prompt intervention in immunocompromised patients with nail bed lesions even in well-controlled cases (undetectable viral load). Invasive SCC should be considered a differential in this cohort for a lesion arising from the nail bed. Biopsy and histopathological diagnosis are crucial. Nail lesions, in particular, require a high index of suspicion, since misdiagnosis can result in extensive surgical intervention. In our case, early diagnosis could have prevented amputation as the lesion arose from Bowenoid actinic keratosis. This can have an impact on functional and cosmetic results and therefore quality of life. Both shared decision-making and a multidisciplinary approach are imperative to guide treatment escalation. High-risk follow-up protocols are critical for optimising outcomes and effectively managing recurrence.



**Abstract N°: 1480****Determining the incidence of scabies in Uzbekistan in 2019-2023**

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**Introduction & Objectives:** Scabies is also included in the category of IPPYD, and research working its prevalence is considered important.

**Materials & Methods:** The aim of the research work was to investigate the detection of scabies in Uzbekistan between 2019 and 2023, as it includes the period of the COVID-19 pandemic (2019-2021) and the subsequent period (2022-2023).

**Results:** In 2019, the incidence of scabies in Uzbekistan was 19.3 per 100,000 population. In 2020, the detection rate of scabies decreased slightly to 15.2, and in 2021, the intensive indicator of scabies increased slightly to 16.9. These indicators were observed during the COVID-19 pandemic. In 2022, the detection of scabies in the intensive indicator was 16.5, and in 2023, the indicator increased to 19.2.

**Conclusion:** The impact of the COVID-19 pandemic on the detection of scabies in Uzbekistan was unique, and the situation returned to its previous state in the post-pandemic period. Of course, it is necessary to note the impact of this on the number of people seeking medical attention and the development of laboratory diagnostics.





**Abstract N°: 1481**

**Epidemiological situation of vaginal trichomoniasis in Uzbekistan for 2019-2023**

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**Introduction & Objectives:** In venerology, the research work of the epidemiological status of infectious diseases is of great importance. Trichomoniasis is considered one of the most widespread diseases in our republic. The purpose of the research work. To investigate the prevalence of trichomoniasis in the Republic during the COVID-19 pandemic period (2019-2021) and the subsequent period (2022-2023).

**Materials & Methods:** The materials used are the annual indicators from the statistics department of the Republican Specialized Center for Dermatovenerology and Cosmetology.

**Results:** In 2019-2023, the detection of trichomoniasis in various regions depended on people seeking medical attention and the skill level of laboratory workers. In 2019, the intensive indicator of trichomoniasis in Uzbekistan was 49.6, in 2020 it decreased to 27.9, and in 2021 the detection of trichomoniasis slightly increased to 37.6. This 3-year period coincided with the COVID-19 pandemic. After this period, in 2022, the intensive indicator for trichomoniasis in Uzbekistan rose to 36.8, and in 2023, the detection rate of trichomoniasis further decreased to 34.9.

**Conclusion:** In conclusion, it should be emphasized that the detection of trichomoniasis on a national scale showed variability under the influence of the COVID-19 pandemic. This is, of course, related to the decrease in patients seeking medical attention and the quality of laboratory diagnostics.



**Abstract N°: 1597****Characteristics of the course of genital warts in pregnant women with ureaplasma infection**Delya Fozilovna Porsokhonova<sup>1</sup>, Marianna Leontjeva Rosstalnaya<sup>1</sup>, Khalida Khalidova<sup>1</sup><sup>1</sup>Republic Center Dermatovenereology and Cosmetology, STD and Reproductive disorders, Tashkent

**Introduction & Objectives:** Genital warts (GW) in pregnant women are a particularly important problem, since they pose a potential danger to both the health of the pregnant woman and the vital functions of the fetus. The issues of clinical significance of ureaplasma infections have also been actively discussed over the past decades and are largely determined by the biological properties of the pathogens and the specificity of the immune system response from the macroorganism. However, there is increasing evidence of the effect of *U. urealyticum* (earlier biovar T-960) and *U. parvum* (earlier biovar Parvo) on inflammatory and proliferative processes in the small pelvis, reproductive and perinatal disorders. There is some evidence of the presence of ureaplasmas in mixed infections of the urogenital tract. Since one of the most common causes of recurrence of genital warts is concomitant urogenital tract infections, including sexually transmitted infections (STIs), as well as opportunistic microflora, it was of interest to evaluate the clinical manifestations and course of genital warts in pregnant women with ureaplasma infection.

**Materials & Methods:** We observed 23 pregnant women with genital warts with isolated ureaplasma infection. All patients underwent clinical and laboratory observation, including examination and microbiological characterization of the urogenital microflora using extended molecular biological qualitative and quantitative testing of the urogenital tract microflora in women, including assessment of the total bacterial mass, the state of normal flora, determination of a wide range of clinically significant opportunistic microorganisms using the PCR method. Treatment with antibacterial drugs (macrolides) began after 12 weeks of gestation.

**Results:** During the anamnesis, 19 (82.6%) of 23 patients reported subjective concerns, which were expressed as itching, soreness and burning sensation. Recurrence of GW after previous treatment (self-treatment at home or destruction of condylomas in medical institutions) was observed in 15 women (65.2%), and suppuration of condylomas was observed in 3 patients (13.0%). In 8 (34.8%) the threat of termination of pregnancy in the early stages was noted. During the objective examination, 22 (95.7%) had profuse discharge from the genital tract. The location of condylomas in 20 (87.0%) was noted along the discharge from the genital tract. The presence of GW on the cervix was detected in 15 (65.2%) patients. When assessing the degree of intensity of GW growth, intensive growth was noted in 20 (87.0%) women. The area of genital warts over 5 cm<sup>2</sup> was observed in 15 (65.2%) patients. 6 (26.1%) noted periodic bleeding in the areas of genital warts growth. All patients underwent antibacterial treatment followed by condyloma destruction and interferon therapy. Relapses of GW were noted in 2 (8.7%) patients.

**Conclusion:** Thus, in pregnant women with genital condyloma and concomitant ureaplasma infection, the condylomatous process occurs against the background of a pronounced inflammatory reaction from the urogenital tract, which contributes to a more intensive growth of condylomas, recurrence and complications in the form of bleeding and suppuration. Timely antibacterial treatment of ureaplasma infection contributed to the negative clinical manifestations and a significant decrease in the recurrence of condyloma, which may also indicate a mutually reinforcing effect of papillomavirus and ureaplasma infection.



**Abstract N°: 1753****A Case of Buschke-Löwenstein Tumor: Diagnosis and Management**

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**Introduction & Objectives:**

Buschke-Löwenstein tumor (also known as giant condyloma or verrucous carcinoma) is a giant verrucous proliferation of the anogenital region, with potential complications including local invasion and malignant transformation. It is often associated with human papillomavirus (HPV) infections.

**Materials & Methods:**

This is a 50 year-old man with no significant medical history who presented with a growing tumor in the perineal region, evolving over five years. Dermatological examination revealed multiple exophytic, vegetative, blackish tumors affecting the penile shaft, glans, and scrotum, ranging in size from 1 cm to 10 cm, with a characteristic cauliflower-like papillomatous appearance.

Given this presentation, an excisional biopsy was performed, revealing a papillomatous hyperplastic epidermis forming epithelial-stromal vegetations, along with koilocytic vacuolization and binucleation, confirming the diagnosis of Buschke-Löwenstein tumor.

Surgical excision allowed for a reduction of more than 80% of the tumor mass, followed by sessions of chemical destruction using 50% trichloroacetic acid.

To date, after 1 year of follow-up, healing has been satisfactory with no signs of recurrence, highlighting the importance of early intervention and rigorous monitoring to optimize clinical outcomes.

**Results:**

Buschke-Löwenstein tumors, although rare, represent a major clinical challenge due to their potential for malignant transformation and high recurrence rate after treatment. This condition, primarily caused by the human papillomavirus (HPV), requires heightened vigilance in diagnosis and management. Risk factors such as immunosuppression and poor hygiene highlight the importance of preventive education and early screening, particularly in at-risk populations.

Therapeutic options vary, ranging from observation to more aggressive surgical interventions. Treatment should be individualized, considering the tumor's size, location, and the patient's immune status. Combined strategies, including surgery and immunotherapy, may offer better outcomes and reduce the risk of recurrence.

The management of Buschke-Löwenstein tumors requires a multidisciplinary approach, integrating dermatology, oncology, and preventive medicine. Early detection and appropriate treatment are crucial to improving clinical outcomes and minimizing complications. Raising awareness of risk factors and clinical signs can contribute to better patient care and reduce the incidence of advanced cases, thereby limiting the need for mutilating treatments. Further studies are needed to optimize therapeutic protocols and deepen our understanding of the disease mechanisms.

**Conclusion:**

Buschke-Löwenstein Tumor (BLT), also known as giant condyloma acuminatum, is a sexually transmitted viral infection that affects the external genital organs and/or the anorectal region. Although rare and treatable, this condition has a



potential for malignant transformation and a risk of recurrence after treatment. The causative agent is the human papillomavirus (HPV). Risk factors include poor hygiene, immunosuppression, smoking, and other sexually transmitted infections.

This case also underscores the critical link between HPV infection and the development of this rare tumor.

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**Abstract N°: 1980****Syphilis incidence during the COVID-19 pandemic: meta-analysis and systematic review.**

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**Introduction & Objectives:**

The COVID-19 pandemic caused a public health crisis and impacted numerous sectors of many institutions. The social restrictions and imposed lockdowns worldwide influenced the physical and mental well-being of the population. The interference of the pandemic with sexually transmitted infections such as syphilis was studied in several countries and centres; however, not yet around the world. Following that, the overall effect remains unknown. Before the era of COVID-19, syphilis prevalence was increasing in various regions. Limited access to healthcare facilities during the pandemic could have resulted in a decrease in syphilis detection, as well as lockdowns potentially leading to a decline in social contacts and sexual encounters.

**Materials & Methods:**

We utilised the PubMed database to select eligible studies for meta-analysis published until August 2024. The meta-analysis was based on incidence rate ratios from 2019 to 2020 to assess if and how the COVID-19 pandemic had influenced syphilis incidence worldwide, dividing the articles by country, region or province and city for a sub-group analysis. Following PRISMA guidelines, we identified 233 studies through a database search, and after subsequent eliminations, we selected 21 studies. The common-effects model calculated the incidence rate ratio from 2019 to 2020 with a 95% confidence interval. We checked for potential publication bias by checking funnel plot asymmetry and using Egger's test, and we assessed the heterogeneity using the I<sup>2</sup> statistic.

**Results:**

We found a significant 14% decrease in syphilis incidence in regions and provinces during the COVID-19 pandemic (IRR=1.14, 95% CI=1.06-1.24, p=0.006). However, the analysis for the countries and cities was inconclusive. This suggests that the influence of the pandemic on the transmission and diagnosis of syphilis during the pandemic could have been multifactorial and is not fully clear.

**Conclusion:**

It remains unclear whether the decline in syphilis incidence during the COVID-19 pandemic observed in our study is due to reduced sexual contact resulting from imposed restrictions or, alternatively, underreporting of new syphilis cases. Subsequently, uninterrupted delivery of healthcare services like diagnosing and treating sexually transmitted infections is essential to maintaining public health during a pandemic. The consequences of neglecting this group of diseases could have a detrimental impact on society. Hence, constant healthcare and STI prevention strategies should be implemented in the future.





Abstract N°: 2094

## Coexistence of Lymphogranuloma Venereum and Disseminated Gonococcal Infection in an HIV-Positive Male: A Case Report

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**Introduction & Objectives:** The aim of this report is to describe the diagnostic challenges and clinical features of a male HIV-positive patient presenting with concurrent lymphogranuloma venereum (LGV) and disseminated gonococcal infection. This case highlights the complexities associated with diagnosing co-infections in immunocompromised individuals, particularly given the current rarity of disseminated gonococcal infection.

**Materials & Methods:** A comprehensive clinical evaluation was performed, including a detailed patient history, physical examination, and imaging studies. Polymerase chain reaction (PCR) assays were conducted on an anal swab to detect sexually transmitted pathogens. Additionally, ultrasonography of the inguinal region was utilized to assess the characteristics of lymphadenopathy.

**Results:** The patient presented with right inguinal lymphadenopathy and purulent anal discharge. Dermatological examination revealed small pustules and vesiculopustular lesions on an erythematous base, predominantly located on the distal extremities. PCR analysis detected *Chlamydia trachomatis* serovars L1–L3, indicative of LGV, along with *Neisseria gonorrhoeae*, *Gardnerella vaginalis*, *Mycoplasma genitalium*, and *Ureaplasma urealyticum*. Ultrasonographic findings showed multiple enlarged lymph nodes with atypical vascularization, the largest measuring up to 40 mm.

**Conclusion:** This case underscores the importance of a thorough diagnostic workup in high-risk populations, particularly in immunocompromised patients. The simultaneous occurrence of LGV and disseminated gonococcal infection—a condition that is currently rare—emphasizes the need for integrating molecular diagnostics and imaging studies to facilitate accurate diagnosis and effective management.



**Abstract N°: 2412****Skin as a Mirror : Chronic flat warts unveiling HIV-Related immune decline**

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**Introduction:**

Dermatological manifestations can serve as early indicators of underlying pathologies, particularly in cases of immunodeficiency such as that induced by HIV infection. In this context, cutaneous involvement is predominantly of infectious origin, reflecting a significant impairment of cellular immunity with a marked decrease in CD4 lymphocyte count. This immunodeficiency facilitates the emergence of infections that are usually benign in immunocompetent individuals but may become extensive and refractory to treatment.

We report a case of chronic flat warts leading to the diagnosis of an HIV infection.

**Clinical case:**

A 26-year-old male patient, with no notable medical history, presented with cutaneous lesions persisting for several months without signs of regression. Clinical examination revealed flesh-colored, confluent, linear papules measuring 2 to 5 mm in diameter, located on the legs and the dorsum of the hands, with a recurrent nature. Additionally, some hyperkeratotic, brownish exophytic papules were observed in the same locations. Dermoscopic examination of the lesions revealed frogspawn pattern with pinpoint vessels within whitish papillae, initially suggesting a diagnosis of warts.

No history of immunosuppressive therapy or chronic disease was identified during patient history-taking. Given the unusually extensive and chronic nature of the lesions, serological testing was performed. HIV screening returned positive, confirmed by a high viral load and a CD4 lymphocyte count  $< 500/\text{mm}^3$ . Skin biopsy demonstrated epidermal hyperplasia with hypergranulosis and koilocytosis, findings consistent with an HPV infection.

**Discussion:**

Flat warts are caused by HPV strains, primarily types 3 and 10. In immunocompetent patients, they usually resolve spontaneously within a few months. However, their extensive, chronic,

and treatment-resistant nature should raise suspicion of an underlying immunodeficiency. In patients living with HIV, HPV infections are more severe and resistant to conventional treatments. Cellular immunity dysfunction promotes viral persistence and greater dissemination of lesions.

**Conclusion:**

Flat warts should be considered a warning sign of immunodeficiency, particularly in the context of HIV infection. Early diagnosis allows for timely and appropriate management, potentially improving patient prognosis. Dermatological examination thus plays a crucial role in HIV screening strategies, emphasizing the key role of clinicians in identifying immunodeficiency associated pathologies.

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