243. Watch Out! Syphilis Is Back – Case Series of Four Cases of Ocular syphilis

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Background. Syphilis is an ulcerative sexually transmitted genital infection caused by Treponema pallidum, which is a member of the order Spirochaetales, fam-
ily Spirochaetaceae, and incidence rate of Syphilis has been steadily rising since 2000: from 2.1 cases per 100,000 population to up to 7.5 cases per 100,000 population in 2014–2015 (the highest rate since 1994). In the state of West Virginia, we have witnessed an increase in the number of cases from 0.5 cases per 100,000 population in 2011, to 5.9 cases per 100,000 population in 2015. Systemic symptoms can include cardiovascular and neurological manifestations. We report to your attention four cases of syphilis mainly with neurologic and ocular manifestations.

Methods. We report a series of four cases of neurosyphilis we encountered between 2013 and 2016. Main presentation of all four cases was ocular: primarily redness and photophobia. Diagnosis was confirmed by standard ophthalmological examination with positive initial rapid plasma regain titers (RPR) and fluorescent treponenalian antibody absorption testing (FTA-ABS). The cerebrospinal fluid venereal diseases research laboratory test (CSF-VDRL) was positive in two of the four cases (in which lumbar puncture was performed). Two of the four cases suffered from an overt immunodeficiency (HIV and lymphoproliferative disease on chemotherapy) and subjects of all four cases confided to high-risk sexual behaviors. All four cases were managed with appropriate infectious disease consult. Penicillin G-potassium 24 million International Units for 14 days with variable response.

Results. Response to treatment was variable in that initial complete resolution was achieved in one patient (Case #3), another (Case #1) was retreated in 6 months due to rising RPR titers on follow-up with subsequent improvement. Two patients were lost to follow-up (Cases #2 and #4).

Conclusion. Sir William Osler reportedly said: “He who knows syphilis knows medicine.” The steady rise in the incidence of Syphilis warrants that health care provid-
ers consider such a diagnosis in the evaluation of suggestive neurological and ocular manifestations in predisposed patients. We also stress on the importance of follow-up to detect failure of initial treatment.

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244. Similar Sexually Transmitted Infections Prevalence Despite Lower HIV Prevalence Among Transgender Women Compared with Men Who Have Sex With Men in Thai Community-Based Test and Treat Cohort

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Background. Men who have sex with men (MSM) and transgender women (TG) are at increased risk for sexually transmitted infections (STIs). To understand potential differen-
tial characteristics, we assessed gender-specific, demographic data, behavioral risks and prevalence of STIs.

Methods. Thai MSM and TG aged ≥18 years from six community-based organizations in Thailand were enrolled into the Test and Treat cohort during 2015–2016. Baseline demographic and behavorial risk assessment and HIV/STI testing were done. Blood for syphilis serology and pharyngeal and anal swab, and urine for gonorrhea were collected for Chlamydia nucleic acid amplification testing were collected. Logistic regression was used to determine factors associated with gender-specific STIs prevalence.

Results. From 1862 MSM and 787 TG enrolled, 874 (33%) had STI and 402 (15.2%) were HIV positive. Compared with MSM, more TG were single (79.7% vs. 71.6%), had lower education (23.6% vs. 40% with diploma or higher), had lower income (35.7% vs. 42.6% gained ≥288 USD/month), had first sex at young age (20.1% vs. 12.8% at <15 years old), and reported >3 sexual partners in the past 6 months (32.9% vs. 24.6%, P < 0.001). The overall STIs prevalence was similar among both genders (31.5% vs. 33.6%, P = 0.29), but TG had lower HIV prevalence (8.9% vs. 17.8%, P < 0.001). TG had higher prevalence of pharyngeal and anal chlamydia (5.5% vs. 2.9%, P = 0.001 and 15.1% vs. 0.007, respectively), while syph-

245. How Many Patients Who Present to North Central Bronx Hospital with a Sexually Transmitted Disease (Chlamydia, Gonorrhea) Are Tested for HIV?

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Background. To determine whether an individual got infected with either Chlamydia trachomatis, N gonorrhoea, or both infected, the HIV test was ordered or not.

Methods. Systematic review and data synthesis of STD and HIV testing results through Quardamed within the 1 month period of November, 2015. Percentage of patients with and without a STD (either Chlamydia trachomatis, N gonorrhoea, or both infected) who had HIV test done.

Results. 804 patients were tested for gonorrhea or chlamydia by GC probe during November. Thirty-three of (4.1%) individuals were positive for N gonorrhoea.

Conclusion. The majority of patients were tested for HIV. More patients were tested in OB/GYN compared with the ED likely because an HIV counselor is readily available during clinic hours. Increase in education and training of health care provid-
ers and nurses to become more knowledgeable in testing patients for HIV may increase the number HIV testing when patients present with STDs.

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