the two proportions was highly significant. We also compared BV present in LSIL group with HSIL group. BV was present in 29% cases in LSIL group compared to 45% in HSIL group (P = 0.03). The difference between the two proportions was significant.

Conclusion The presence of BV was significantly higher in SIL group and was associated with the severity of SIL. The presence of BV should not deter a diagnosis of SIL but trigger a meticulous search for abnormal cells.

P2.005 GIANT CONDYLOMA ACUMINATA OF BUSCHKE AND LOWENSTEIN TREATED SUCCESSFULLY SURGICALLY

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Introduction The Buschke Lowenstein tumour is an extremely rare, slow-growing, locally destructive, cauliflower-like mass, also known as giant condyloma acuminata.

Case Report: We report a case of a 42 year old male who presented to the department of surgery with perineal tumour since two years. The mass was painless initially but later became painful. On local examination, the ano perineal region of the patient was completely occupied by a cauliflower like tumour with multiple fistulae. After histopathological confirmation, the tumour was removed surgically, as it was resistant to medical treatment. Radical surgery was attempted. The tumour was found to be very vascular and deeply infiltrating. Wide local resection of the perianal tissue was performed

Discussion Histopathology of BLT shows blunt-shaped masses of tumour project deeply into the dermis and contiguous structures. The tumour cells have little evidence of atypia and are not found inside blood vessels or lymphatics. Individual keratinocytes may show keratinization, but no horn pearls are seen. Lymphohistiocytic inflammation is usually present.

Conclusion Troublesome recurrences of BLT occur frequently and a propensity for infection and fistula formation is common. Regardless of the size and origin of BLTs, gaining early control of the disease using wide, radical surgical excision provides the best overall rate of survival.

P2.006 EVALUATION OF A MODIFIED CD4 COUNT METHOD FOR HIV MONITORING

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Introduction The measurement of CD4 count for HIV-infected individuals relies on flow cytometry methods. The standard one is a single platform technology, which uses 50 µl of samples and 10 µl of monoclonal antibodies. To reduce the CD4 count cost, we propose to asses a modified method based on reducing the sample and monoclonal antibodies volumes.

Methods Between February and May 2011, we have tested 90 samples of HIV-infected persons by the standard method i.e using 50 µl of anticoagluated blood and 10 µl of monoclonal antibodies (CD3FITC/CD4PE/CD45PerCP, Becton-Dickinson) and by the modified method i.e using 20 µl of anticoagluated blood and 2 µl of monocolonal antibodies (CD3FITC/CD4PE/CD45PerCP, Becton-Dickinson), in our laboratory. The % of CD4 as well as the absolute count (TrueCount, Becton-Dickinson) was determined for both methods by using Cellquest-Pro on FacsCalibur (Becton-Dickinson). Linear regression and Bland and Altman analysis were performed to assess correlation and agreement between both methods.

Results When analysing the whole sample, the modified method showed a strong correlation with the standard method, r = 0.99 for CD4 count percent. Bland and Altman analysis revealed a mean bias of –0.1% (Limit of agreement: –3.0, 2.8). Regarding the absolute count of CD4, r was 0.99 and the mean bias was 9 cells/µl (LOA:-64.8, 82.5). When the statistical analysis is performed for the strata of CD4 ≤ 350, the r was 0.98, and the mean bias was –1 cell/µl (LOA: –44.1, 42.2).

Conclusion The modified method based on reducing blood and antibodies volumes showed similar results to the standard method. This low cost method may be an interesting alternative method to measure CD4 count in developing countries.

P2.007 GENETIC RISK OF DNA REPAIR GENE POLYMORPHISMS IN HIGH- RISK HPV ASSOCIATED CERVICAL CARCINOGENESIS

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Background Cervical cancer is the second most common cancer in women worldwide. A large number of young sexually active women get infected by human papillomavirus (HPV) but only a small fraction of them have persistent infection and develop cervical cancer pointing to co- factors including host genetics that might play a role in outcome of the HPV infection. This study was designed to examine the polymorphisms associated with four DNA repair genes, viz., XRCC1 (Arg194Trp, Arg399Gln and Arg280His), ERCC1 Asp118Asp, ERCC2 Lys751Gln and ERCC4 Arg415Gln and investigate their role as susceptibility markers for cervical precancer (LSIL & HSIL) and cancer.

Methods The cases comprised 105 patients: 65 cervical squamous cell carcinomas (SCCs), and 40 squamous intraepithelial lesions (SILs). 65 healthy women were recruited as the controls. Genotypes were determined by PCR-RFLP and DNA sequencing techniques.

Results Our data showed a positive association between the polymorphisms of codons 194 (p = 0.001, OR = 22.4, 95% CI = 9.15–55.03), 280 (p = 0.001, OR = 20.04, 95% CI = 8.4–47.5) and 399 (p = 0.001, OR = 11.11, 95% CI = 4.98–24.78) and cervical cancer. SIL patients also showed a significant association with codon 194 (p = 0.001, OR = 7.56, 95% CI = 3.42–16.70) and 280 (p = 0.015, OR = 3.05, 95% CI = 1.35–6.88) but not with 399 (p = 0.142). Positive correlation was also found in ERCC4 Gln415Gln in both SCCs and SILs (p = 0.001, OR = 5.45, 95% = 3.19–9.29 and p = 0.001, OR = 2.76, 95% = 1.55–4.91, respectively). For ERCC2 Gln751Gln the association was significant for SCCs (p = 0.010, OR = 1.44, 95% = 0.86–2.14) but not for SILs (p = 0.088). However the risk for cervical precancer and cancer did not appear to differ significantly amongst individuals featuring the ERCC1 Asp118Asp genotype (p = 0.594 and 0.080, respectively).

Conclusion We analysed the association between XRCC1, ERCC4, ERCC2 and ERCC1 polymorphisms and the individual susceptibility to develop cervical precancer and cancer. We attempt to contribute to the discovery of which biomarkers of DNA repair are useful for screening this high-risk population for primary preventing and early detection of cervical cancer.

P2.008 MISTAKEN CASE OF CHILD ABUSE: A CASE REPORT

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Introduction The diagnosis of child abuse is based on a combination of child's history, physical findings, and when appropriate, laboratory and other tests. Overall, the diagnosis is often complicated but suspicion should always be followed by further investigations. Formulating a conclusion and reaching a diagnosis of child

abuse may require the assistance and coming together of different specialities in the hospital.

Case history: A seven year old girl presented to the Dermatology and Venereology OPD of a tertiary hospital in New Delhi, India with chief complaints of vaginal discharge for last 4 years. The vaginal swab(s) on Gram stain revealed numerous pus cells with GNDC, intracellular as well as extracellular. The child was treated based on clinical suspicion of gonorrhoea. However, RCUT put up from suspected colonies on modified Thayer Martin medium was positive for *Neisseria meningitidis*. In addition, *crgA* gene PCR from DNA extracted from the swab as well as the isolate was positive for *N. meningitidis* while *opa*-gene PCR for *N. gonorrhoeae* was negative. Although she was initially treated for suspected gonococcal infection, the clinical diagnosis was refuted by the results of culture and PCR.

Discussion & conclusion: The findings of the present case emphasise the importance of careful culture techniques for isolation of organisms & their correct identification which is the cornerstone of appropriate therapy. It also drives home the necessity of using lactose in Rapid Carbohydrate Utilization Test (RCUT), which is crucial to differentiate between *N. meningitidis* and *N. lactamica*. It is also important for the laboratory (especially one that is considered a referral laboratory) to have capacity to perform molecular tests to confirm or refute presumptive findings, as was done in the present case. This observation stresses that an interdisciplinary approach appears to be a valuable tool for evaluating such children.

P2.009 PROPOSAL FOR CASE DEFINITIONS FOR *CHLAMYDIA TRACHOMATIS* TREATMENT FAILURE

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Background *In vivo* antimicrobial resistance in *C. trachomatis* is still to be confirmed however there have been anecdotal reports of treatment failure. Traditionally failure has been attributed mostly to re-infection and/or non-compliance with treatment regimens. Clinical and behavioural information collected from a cohort of patients persistently infected with *C. trachomatis* was used to propose a case definition for treatment failure to aid patient management.

Methods Patient information was collected using a detailed clinical questionnaire. Patients were assigned to categories of most to least likelihood of treatment failure based on their self-declaration of sexual contact since initial diagnosis. Analysis and comparison within and across these categories of the clinical management and patient behaviour was performed.

Results Recruitment from a number of different settings resulted in referral of thirty-nine patients who fell into five categories based on their sexual behaviour since initial diagnosis (Table 1). Twenty declared no sexual contact (category 1), and a further thirteen declared contact that was considered low risk of re-infection (categories 2–4). The remaining six patients either did not provide enough information for accurate categorisation or had had unprotected sexual contact with a partner of unknown history (category 5) and so were excluded from further analysis.

Conclusion Using the information collected we propose a case definition of probable treatment failure for *C. trachomatis* as a patient with (a) at least two consecutive positive *C. trachomatis* specific tests e.g. NAATs, (b) full compliance with all treatment regimens prescribed in line with current national guidelines including any recommended abstinence periods and (c) no unprotected sexual contact since initial diagnosis; and confirmed failure as (a), (b), (c) and two courses of treatment with the same antimicrobial. In addition confirmation of ongoing viable infection by tissue culture methods where possible should be considered to allow antimicrobial susceptibility testing.

Abstract P2.009 Table 1 **Categorisation of the sexual behaviour of patients who had persistent C. trachomatis infections**

Category 1	no sexual contact since initial diagnosis	20
Category 2	protected sexual contact only	4
Categories 3 & 4	unprotected sexual contact with a regular partner who had also tested positive and had been treated or a partner that did not test positive (cat 3) or unprotected oral sex only (cat 4)	9
Category 5 & Outliers	unprotected sexual contact with a partner of unknown history (cat 5) or patients with unknown sexual contact behaviour since initial diagnosis (outliers)	6

P2.010 PERFORMANCE OF XPERT® CT/NG ASSAY USING RESIDUAL PROBETEC ET SYSTEM™ RECTAL SAMPLES

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Background Nucleic acid amplification testing (NAAT) is the optimal method for detection of *Chlamydia trachomatis* (CT) and *Neisseria gonorrhoeae* (GC), but no commercial tests are cleared by the US Food and Drug Administration for use with rectal swabs. The objective of this study was to evaluate the Xpert® CT/NG assay using residual ProbeTec ET rectal samples.

Methods 150 samples previously tested using the ProbeTec ET System and the APTIMA COMBO 2® Assay for the detection of CT and GC were tested using the Xpert® CT/NG. The rectal swabs were collected from volunteers aged 18–64 years, who reported having had at least one episode of anal receptive intercourse. APTIMA COMBO 2® Assay was used as the gold-standard for the present analysis as it was found to be superior to ProbeTec.

Results From the 150 samples, ProbeTec ET detected 23 (15%) CT positive and 16 (11%) GC positive. Xpert® CT/NG detected an additional 11 CT and 2 GC which were not detected by the ProbeTec ET System, for a total of 34 (23%) positive CT and 18 (12%) positive GC. All samples that were true negatives for CT or GC by ProbeTec ET System were also negative by Xpert® CT/NG. The diagnostic sensitivity and specificity of the CT test was 58% and 100% for ProbeTec and 85% and 100% for Xpert® CT/NG, respectively, compared to the Aptima COMBO 2®. The diagnostic sensitivity and specificity of the GC test was 70% and 100% for ProbeTec and 78% and 100% for Xpert® CT/NG, respectively, compared to the APTIMA COMBO 2®.

Conclusions Xpert® CT/NG is superior to the ProbeTec ET System for the detection of CT and GC from rectal swabs. Further studies to assess the sensitivity and specificity of the Xpert® CT/NG system using the swab collection kits designed for this system are warranted.

P2.011 INTEREST OF THE CEPHEID XPERT CT/NG ASSAY TO RAPID DETECTION AND DIFFERENTIATION OF CHLAMYDIA TRACHOMATIS (CT) AND NEISSERIA GONORRHOEAE (NG) URO¬GENITAL INFECTIONS

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