able diagnostic tool compared to other methods such as native microscopy, fluorescein, auramin and safranin staining. In our material sensitivity of native microscopy vs. cultivation was 39%, and fluorescein and auramin staining vs. cultivation 42%. Emergence of *T. vaginalis* as a causative agent in one sixth of analysed prostate exphrases indicates the need of metronidazole treatment asid of usual quinolone medication. Unrecognized and untreated *T. vaginalis* infection in men appears to have a natural history of oligosymptomatic or asymptomatic urethritis in younger and adult men and evolution to chronic prostatitis in elderly.

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Cerebrospinal fluid examination performed in HIV-infected patients with syphilis in an outpatient clinic in São Paulo, Brazil

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**Background:** The incidence of syphilis has increased over past decade, particularly among HIV-infected patients, with emphasis on neurosyphilis and the decision to perform lumbar puncture in asymptomatic patients. The aim of this study was to assess the prevalence of neurosyphilis in patients with concurrent HIV infection and syphilis based on lumbar puncture (LP) criteria.

**Methods:** We conducted a cross-sectional study in the outpatient clinic of the Instituto de Infectologia Emílio Ribas (Brazil) over a period of 8 months, in which were considered eligible all subjects with HIV infection and syphilis based on LP criteria.

**Results:** A total of 71 cases of syphilis were identified (45 secondary, 22 tertiary and 4 late latent cases of disease). Most were male (95.8%) and 64.8% had sex with men (MSM). Mean age 39.5 years, range 22-78 years. 29 patients (40.8%) had recurrence of syphilis (sustained fourfold increase in VDRL-titers after therapy) and 19 patients (26.8%) had serum VDRL titers of 1:64 (range 1:4 to 1:2048). Of 71 subjects, 22 (31%) had neurosyphilis based on a reactive CSF VDRL test (*n* = 11) or increased CSF white cell counts ≥20/µL (*n* = 12) or presence of neurologic or ophthalmic symptoms (*n* = 6). Most of them (81.8%) had CD4 T cell counts >350 cells/µL at the time of the diagnosis of neurosyphilis. 2 patients with neurosyphilis (9%) did not meet the criteria for LP based on CDC criteria.

**Conclusion:** We had a high prevalence of neurosyphilis in our study (31%). The decision to perform LP in patients with HIV infection and syphilis is still controversial. There are several important unanswered key questions in the management of adult syphilis, and it should be a priority for future studies.

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