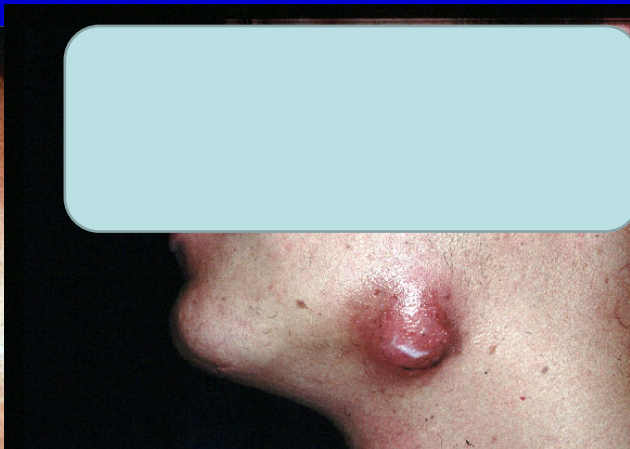


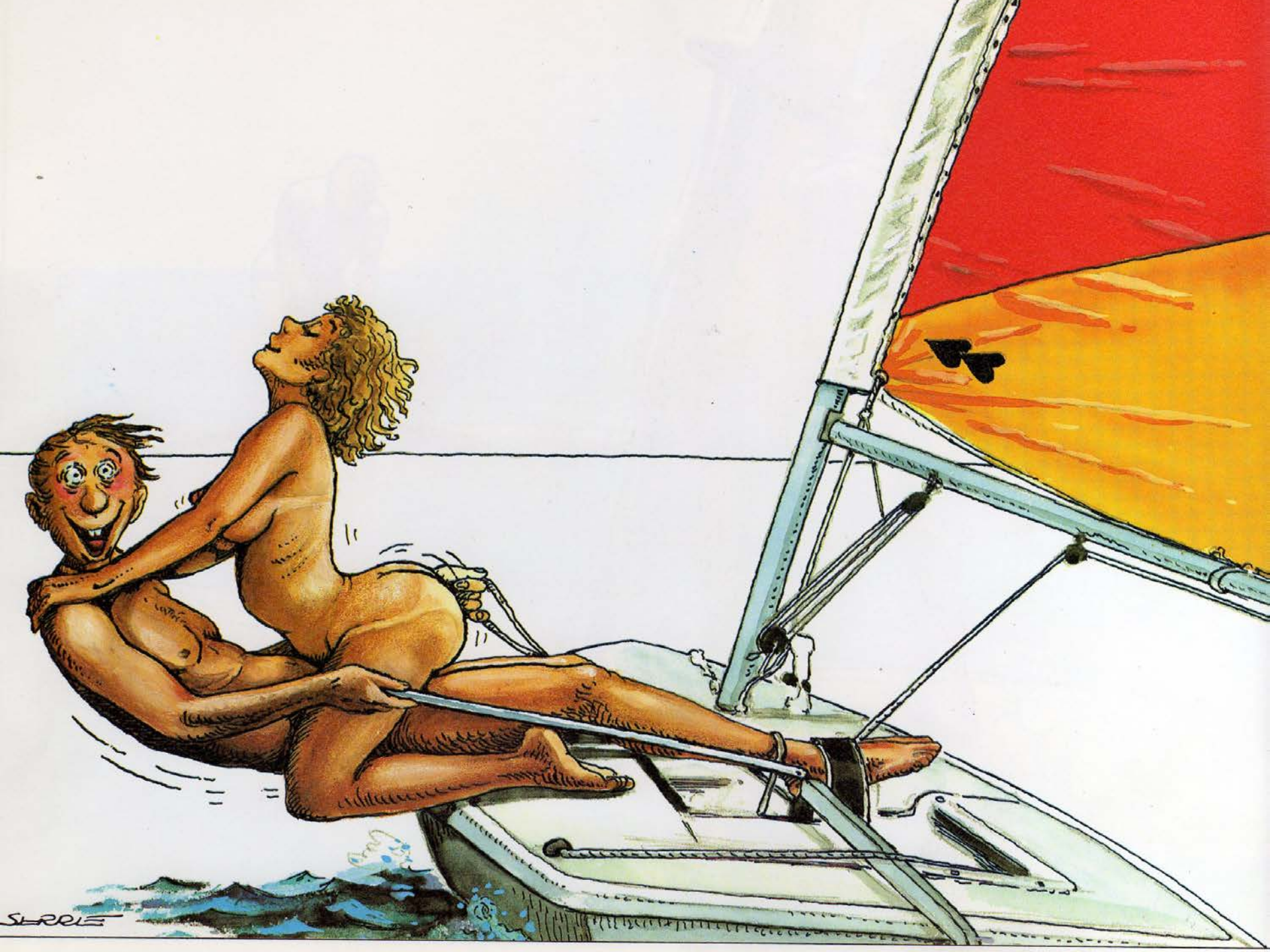
# **Dermatologie et infections sexuellement transmissibles**

**Eric Caumes. Université Pierre et Marie Curie, Paris  
Dept infectious and tropical diseases; Hop Pitié-Salpêtrière.**



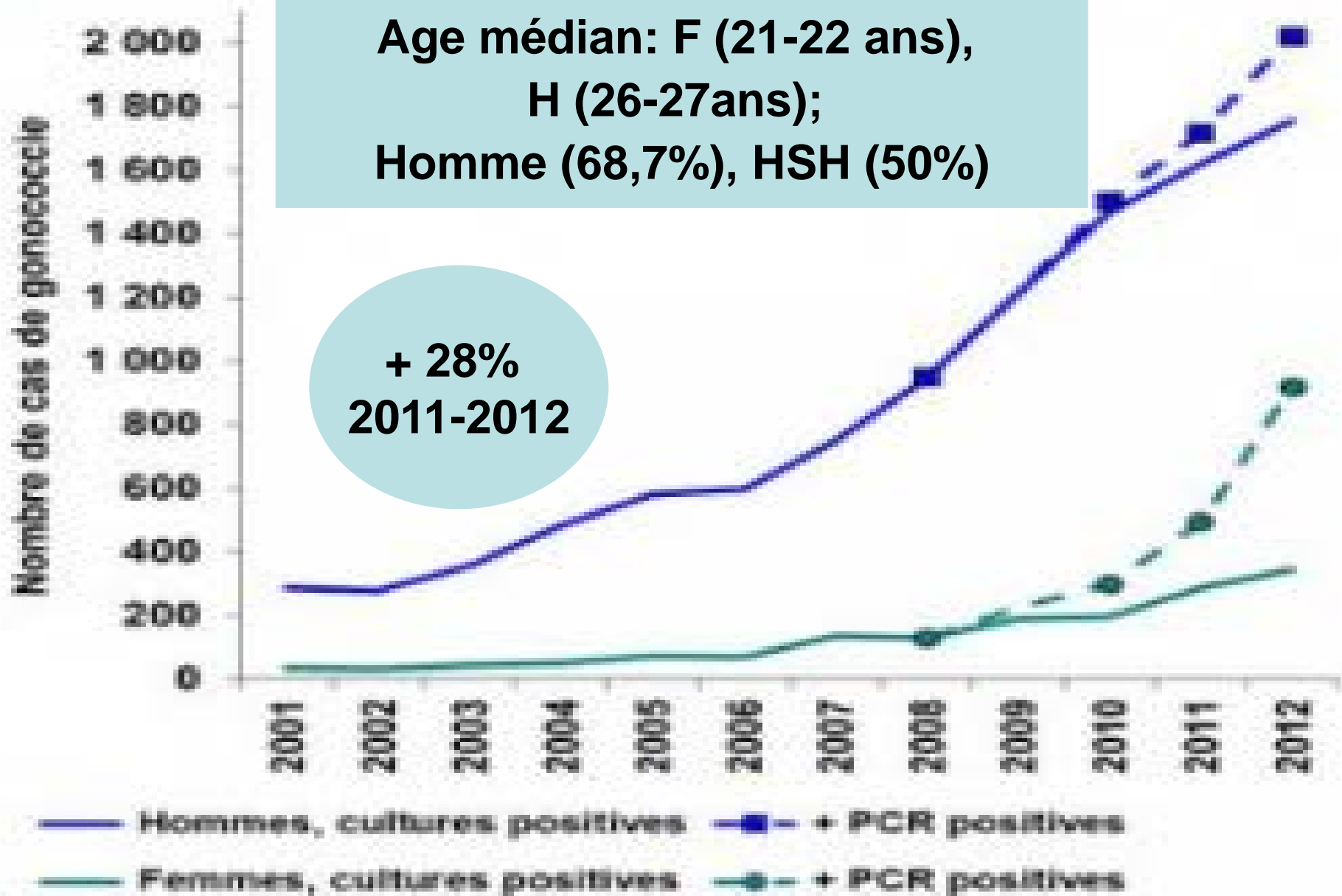
# Potential links of Interests

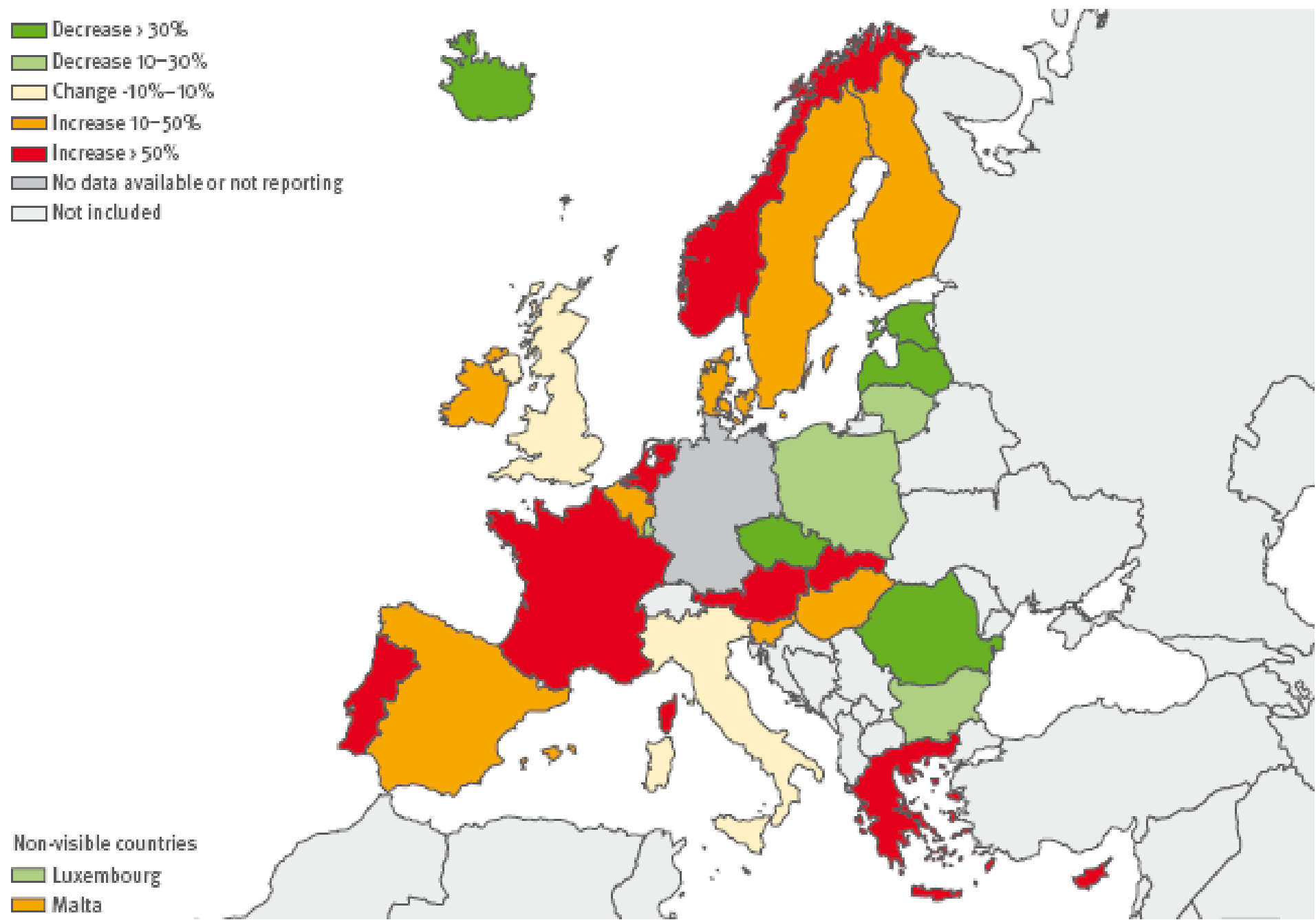
- In the past 2 years, I (or my department) have received honoraria from **BMS, Baxter, Galen** and **Codexial** for lectures on STDs and participation in advisory boards (TBE vaccine, KS, permethrin).
- I am the Editor in Chief of the **Journal of Travel Medicine** (IF = 1.47) (submission wellcome)



Age médian: F (21-22 ans),  
H (26-27ans);  
Homme (68,7%), HSH (50%)

+ 28%  
2011-2012



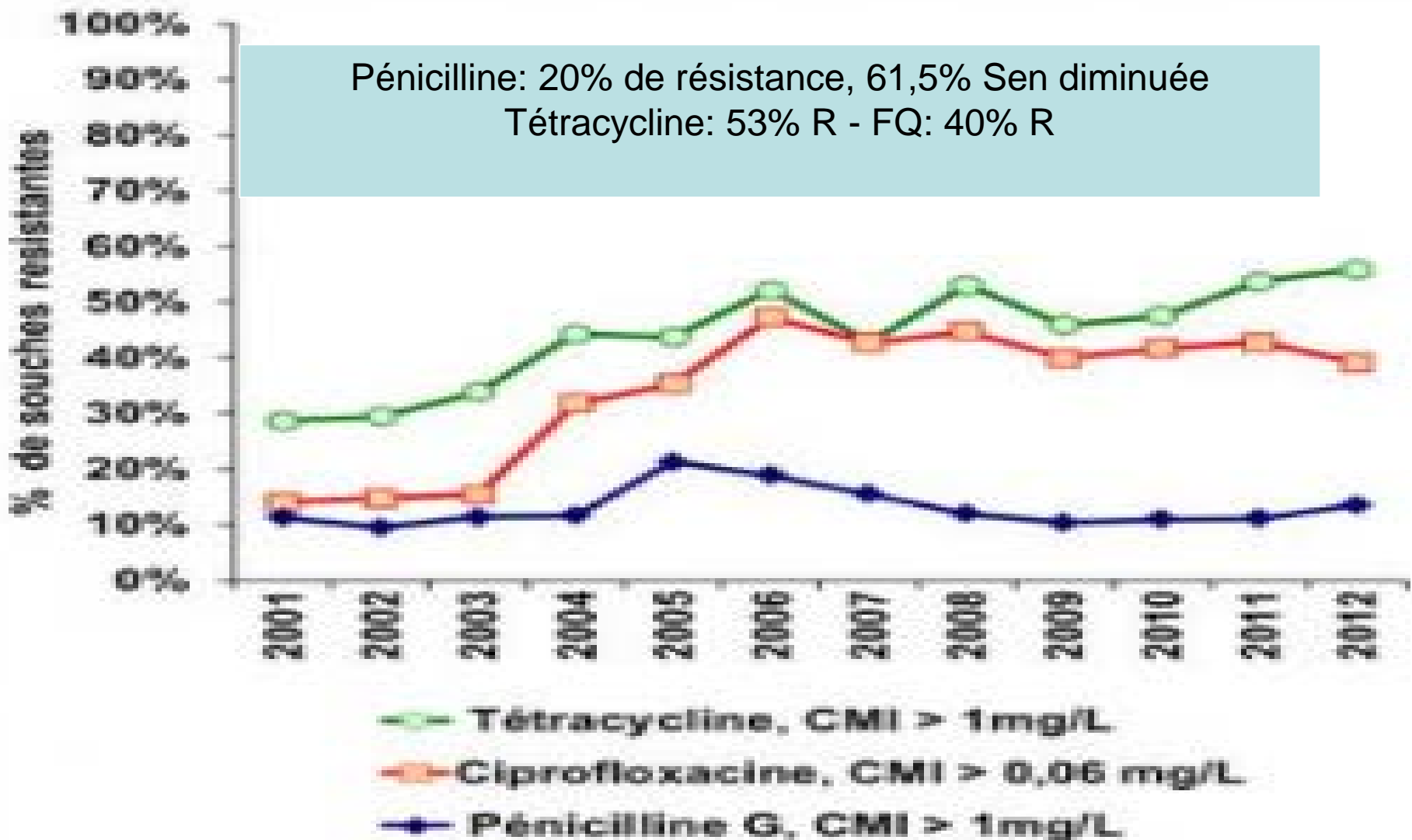


**STI in Europe 1990-2010. Stockholm. ECDC, 2012**

# Épidémiologie des gonococcies en France

- Co infection VIH: 7%
- 14% HSH
- Localisation des gonococcies:
  - urétrale (93,7% H), cervical (90,2%)
  - pharyngée (1.1%)
  - anale (3,4%H, 1%F)
- Autres IST associées : 40% chez les F , 16% H - *Chlamydia trachomatis* (33%), Syphilis (2%, HSH+)
- Rapports sexuels non protégés
  - 21% Relations Vaginales
  - > 95% fellation
  - 42% non systématiquement pour rapport anaux

# Épidémiologie de la résistance en France



# Sexual transmission of HCV among monogamous heterosexual couples

- Cross-sectional study of 500 HCV + (HIV -, mostly non-Hispanic white, age 49 y (26-79 y), and their partners
- Median duration of sexual activity :15 y (2-52 y)
- HCV prevalence among partners : 4% - n=20 including 9 couples with concordant genotype/serotype and 3 (0.6%) with highly related viral isolates -
- Based on 8,377 person-years of FU, the maximum incidence rate of HCV transmission by sex was 0.07% per year (95% CI, 0.01-0.13) = 1/90.000 sexual contacts.



# Zika virus in Thailand and Polynesia

- 50 years old German, Nov 2013
- 12 days after returning from Thailand
- Dengue like sd
- Serologically confirmed

Tappe D. Eurosurveillance  
2014;19:20685

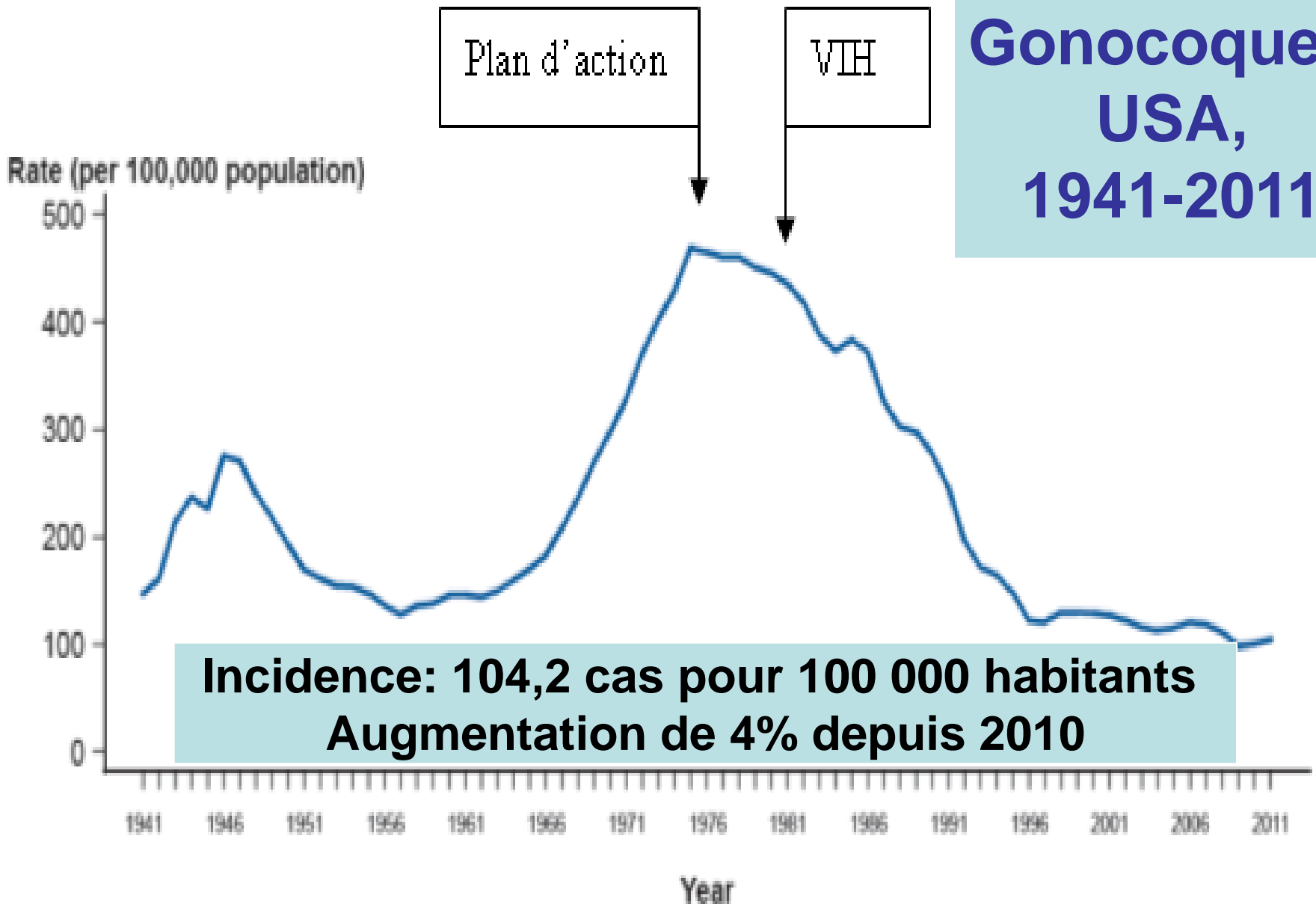
- 
- 2 Japanese, 20 and 30 years
  - Dec.2013-janv.2014
  - 6-10 days in French Polynesia
  - 1 day after return in both
  - Dengue like sd with Rash
  - PCR confirmed

Kutsuma S. Eurosurveillance  
2014;19:20685

# Sexual transmission of Zika virus

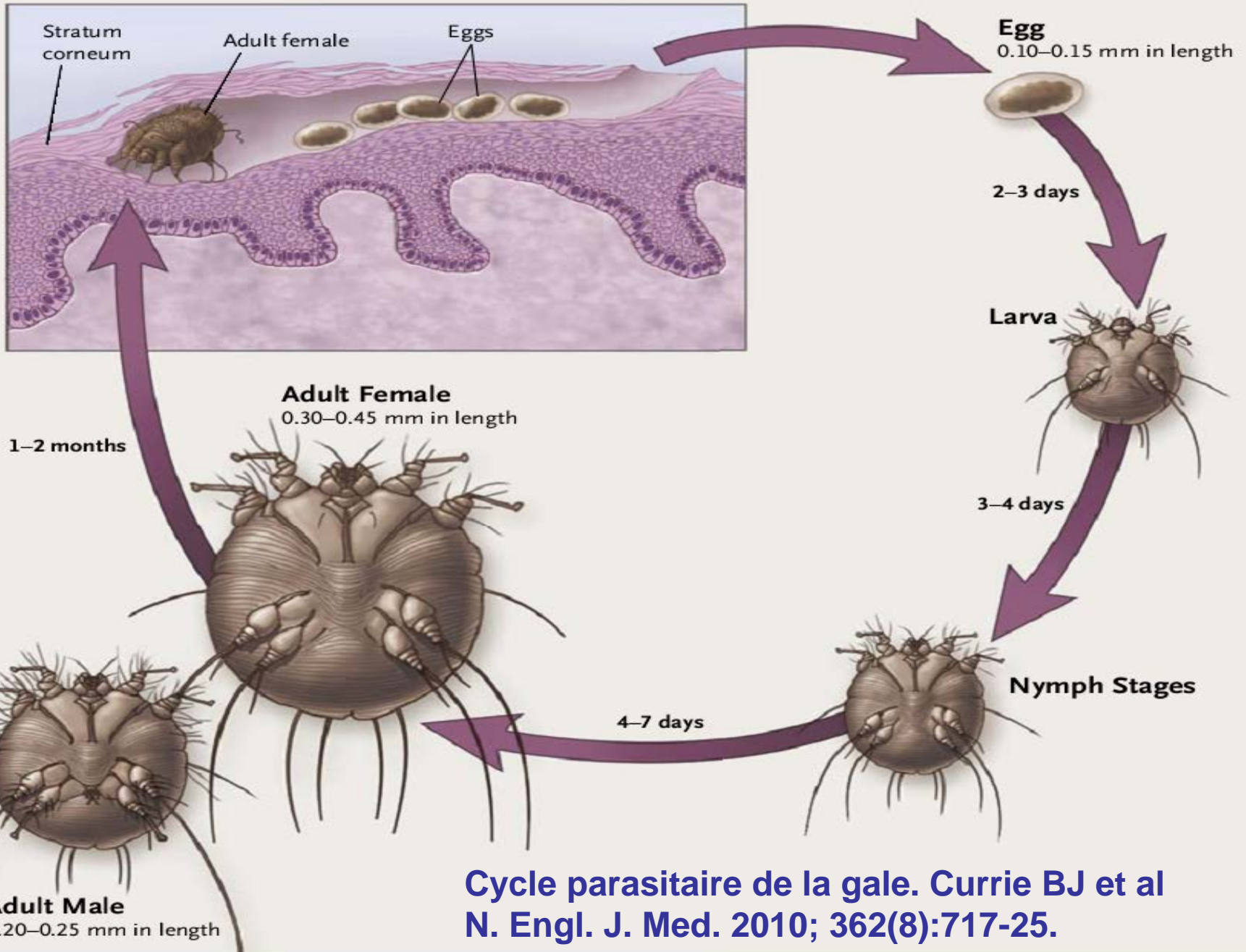
- Pts 1 and 2; Senegal, aug 2008 ;
  - become ill 6-9 days > return
  - Pt 3 (wife of pt 1) became ill 9 days after pt 1 return from Senegal and 4 days after felt ill (with hematospermia and lips erosions)
- sexual transmission (day 1 after return) is the only possible way of transmission

# Gonocoques, USA, 1941-2011





# Sarcoptes scabiei var. hominis - Acarien



Cycle parasitaire de la gale. Currie BJ et al  
N. Engl. J. Med. 2010; 362(8):717-25.

# Un 2eme traitement apparaît nécessaire pour trois raisons

- Différents produits topique ou per os inefficaces sur les œufs +/- formes larvaires immatures ;
- Taux de succès Tt unique insuffisants (S2)
- Les anglo-saxons utilisent la perméthrine, anti-gale de référence dans leurs pays, en traitement renouvelé une semaine plus tard.

=> La durée recommandée entre 2 traitements PO ou 2 applications pourrait être d'une semaine (voire plus courte en cas de traitement local).

# Ivermectine (une dose\*) et gale, Une saga iranienne I, 2012-2013

1. Vs **Lindane** (Goldust M. Ann Parasitol 2013;59:37-41)
2. Vs **Lindane** (Mohebbipur A. Clin Exp Dermatol 2013;38:719-723)
3. Vs **Crotamiton** (Goldust M. Cutan Ocul Toxicol 2013;feb 25)
4. Vs **Lindane** (Mohebbipur A. Acta Dermato Venerol Croat 2012;20:251-255)
5. Vs **permethine 5 %** (Goldust M. J Dermatol 2012;39:545-547)
6. [Vs **Sulfur ointment** (Goldust M. J Cut Med Surg 2013;17:299-300)]

**\* Deux doses >> 1/3 des cas**

# (Single) dose ivermectine in scabies

Author	Goldust	Mohebbipur	Goldust	Mohebbipur	Goldust
Vs	Lindane (x2)	Lindane (x2)	Crotamiton	Lindane (x2)	permethrin
N=	400/2	148/2	320/2	248/2	242/2
Cure rate W2	63%	60%	62%	58%	85%
<b>W4*</b>	81%	89%	87%	92%	NE

\* After repeating Treatment with ivermectin at W2



# Permethrine et gale

## Une saga iranienne II, 2012-2013

- 1. Permethrin 2,5 % vs topical ivermectin**  
(Goldust M. Ann Parasitol 2013;59:79-84)
- 2. Permethrin 2,5 % vs Tenutex emulsion**  
(Goldust M. Ann Parasitol 2013;59:31-35)
- 3. Permethrin 5 % vs Lindane 1 %** (Goldust M. J Dermatol Treat 2013;jan20)
- 4. Permethrin 5 % vs ivermectine** (Goldust M. J. Dermatol 2012;39:545-547)

# Permethrin (2,5-5%) cream in scabies (D0-7)

Author	Goldust	Goldust	Goldust	Goldust
Vs	Top Ive	Tenutex	Lindane	Oral IVE
N =	380/2	440/2	220/2	242/2
<b>Cure rate</b> <b>W2</b>	<b>65%</b>	<b>63%</b>	<b>83%</b>	<b>92%</b>
<b>W4</b>	<b>89%</b>	<b>86%</b>	<b>96%</b>	<b>NE</b>



**ANOFEL**

# Oil product vs dimeticone vs insecticides pour les poux de tête

	Oil product	Suffocation	Insecticide
Composition	Tea tree oil Lavender O	White opaq lotion	Pyrethrin pyperonyl
Application	J- 0,7,14	J- 0,7,14	J- 0,7
Cure rate* ITT	41/43 95%	40/45 88%	10/44 22%
<b>Cure rate* PP</b>	<b>41/42 97%</b>	<b>40/41 97%</b>	<b>10/40 25%</b>

\* : p < 0.0001

# Poux de tête: 4% dimeticone liquid gel vs 1% permethrin creme X 2

Produit	4% dimeticone	1% permethrin
Cure rate D 14* ITT	30/43 69%	7/47 14%
<b>Cure rate D 14 PP</b>	<b>27/35 77% *</b>	<b>7/45 15%</b>
Inhibition of egg hatching*	ITT : 74% PP : 85%	ITT : 10% PP: 12%

\* :  $p < 0.0001$ ;

\*\* : inadequate spreading of the liquid gel

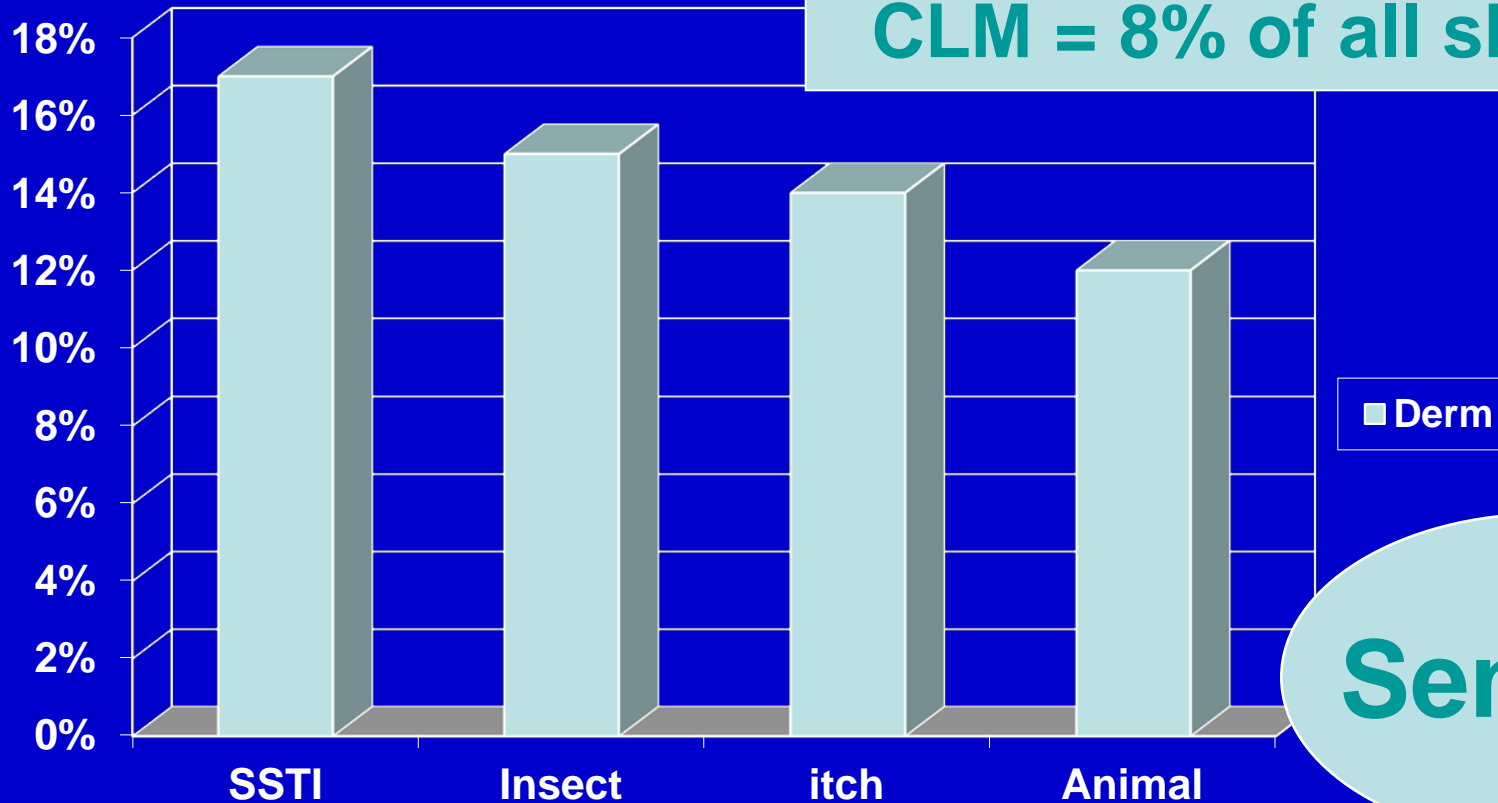
Burgess et al. BMC Dermatology 2013 13:5.

# **Burgess et al: 4% dimeticone liquid gel vs 1% permethrin creme. BMC Dermatology 2013 13:5.**

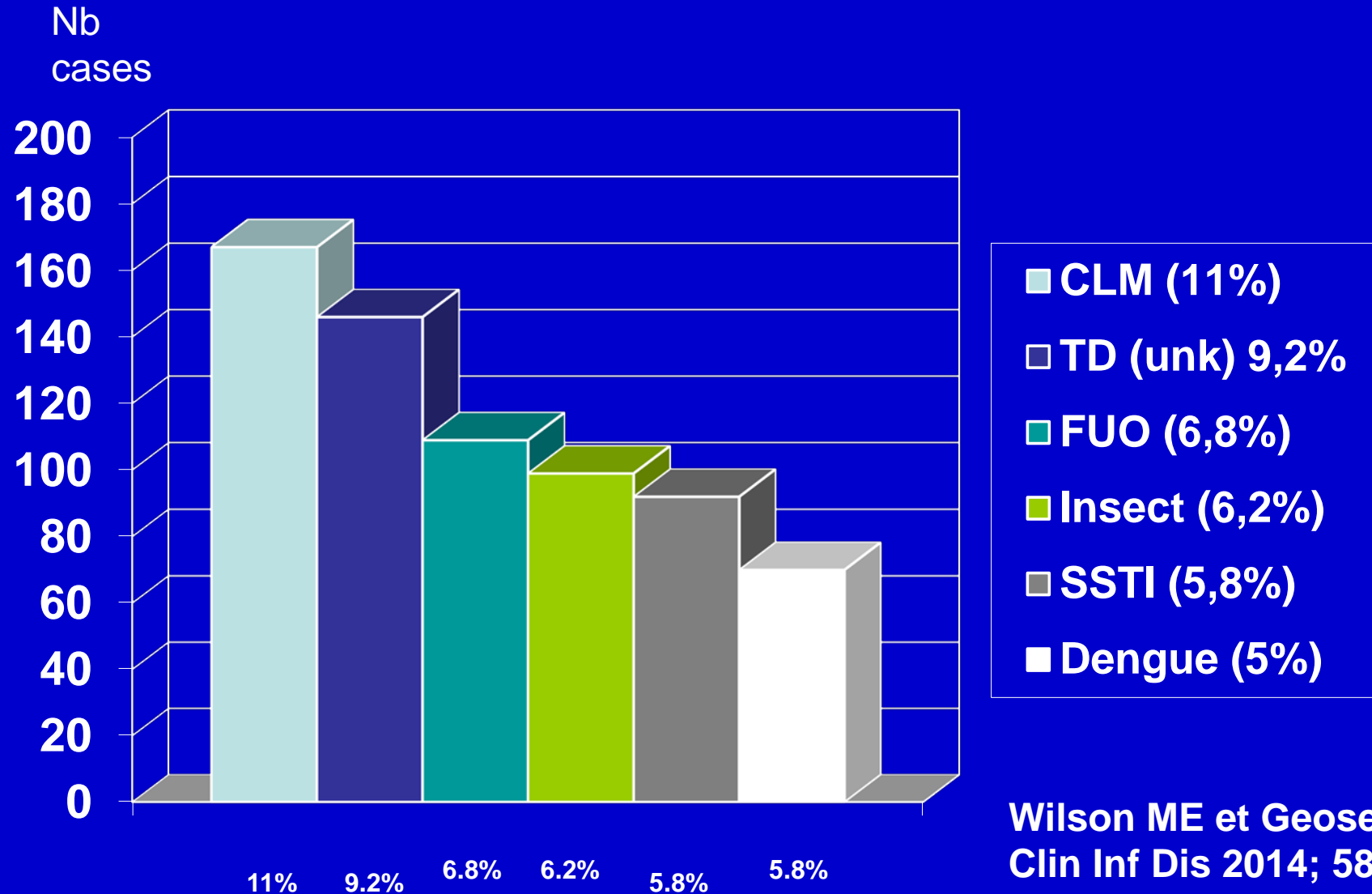
- 1) a single application of 4% dimeticone liquid gel is effective to eliminate head louse infestation
- 2) the higher viscosity of this product allows this to be achieved using a treatment time of 15 minutes.
- 3) However, as with all treatments, it is possible to miss some louse eggs during treatment, requiring post treatment vigilance for emerging nymphs more than 7 days after treatment.

# Dermatoses in 8.227 ill travelers (19%), GeoSentinel, 2007-2011

Rabies PEP required in 12%  
CLM = 8% of all skin pbs



# Top diagnoses in 1586 travellers /Brazil Geosentinel – 7/1997-05/2013



Wilson ME et Geosentinel.  
Clin Inf Dis 2014; 58:  
1347-56



**Merci pour votre attent**

