

Best Of Dermatologie et IST 2015



Pr. Eric CAUMES

Dept Maladies
Infectieuses et
Tropicales

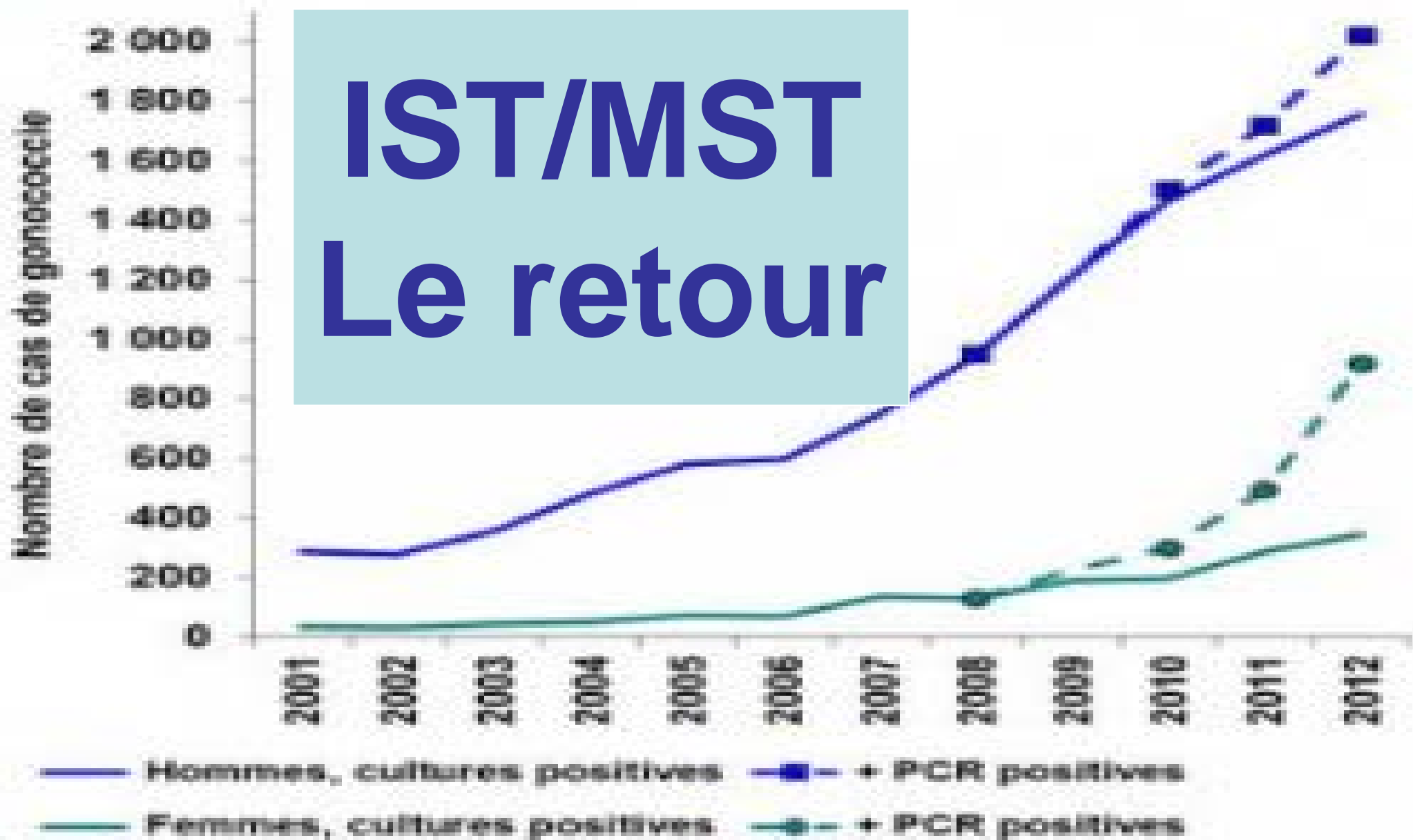
Hop Pitié-Salpêtrière
University Pierre &
Marie Curie

Nancy, Juin 2015

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).
- Editor in Chief of the **Journal of Travel Medicine** IF 1.52 (submission wellcome)

IST/MST Le retour





Gonococcémie, France, 2009-2011, 21 cas

- Age médian: 30 ans; F: 20 ans [18-62], H: 37 ans [19-55]
- Sexe: 9F (42.9%) /12H (57.1%) dt 5 HSH (24%)
- 7 ATCD IST dont 1 VIH
- RSNP: 5 cas avec partenaire stable (24%), 11 cas avec partenaires occasionnels (52%) dont 2 à l'étranger,
- **Arthrite**: 14 (66%) dont 2 oligoarthritis; **tenosynovite**: 7 (33%); **cutanée**: 4 (19%); S.généraux: 5 (23%), **S.génitaux**: 5 (23%); endocardite, pelvipéritonite, prostatite: 1
- Culture +: 20 cas dt 11 ponction articulaire (55%); PCR +: 1
- Résistance: pénicilline (38%), fluoroquinolones (33%)
- Chirurgie: 6; **séquelles**: 4

Gay Bowel Syndrome: relic or real (and returning) phenomenon?

- « there seems to be a **clustering of diseases** (shigellosis, amoebiasis,....) in certain high risk groups, especially those in **urban areas** with **multiple sex partners, recreational drug use,** and possible **concomitant HIV infection** »
- « MSM can protect themselves **and others** by washing hands, genitals and anus before and after sex; and using barriers such as dental dams and gloves during anal rimming and fisting »

Gay corner

1. Aubert L et al. **Serogroup C invasive meningococcal disease** among MSM... in Paris... July 2013-Dec2014, Eurosurveillance 2015;20(3):pii=21013
2. Huanchun Z et al. **HPV infection** in adolescent MSM. Lancet ID 2015;15:65-73
3. Bowen A et al. **Outbreak of *Shigella sonnei*** infection...in MSM...,2014. MMWR 2015; 64: 597 – 598*
4. Baker K et al. Intercontinental dissemination of**shigellosis** through sexual transmission...Lancet ID 2015: pii/S1473309915000002X
5. **Prep & Hypergay** (CROI 2015, Piroth L. Session JN1 2015)



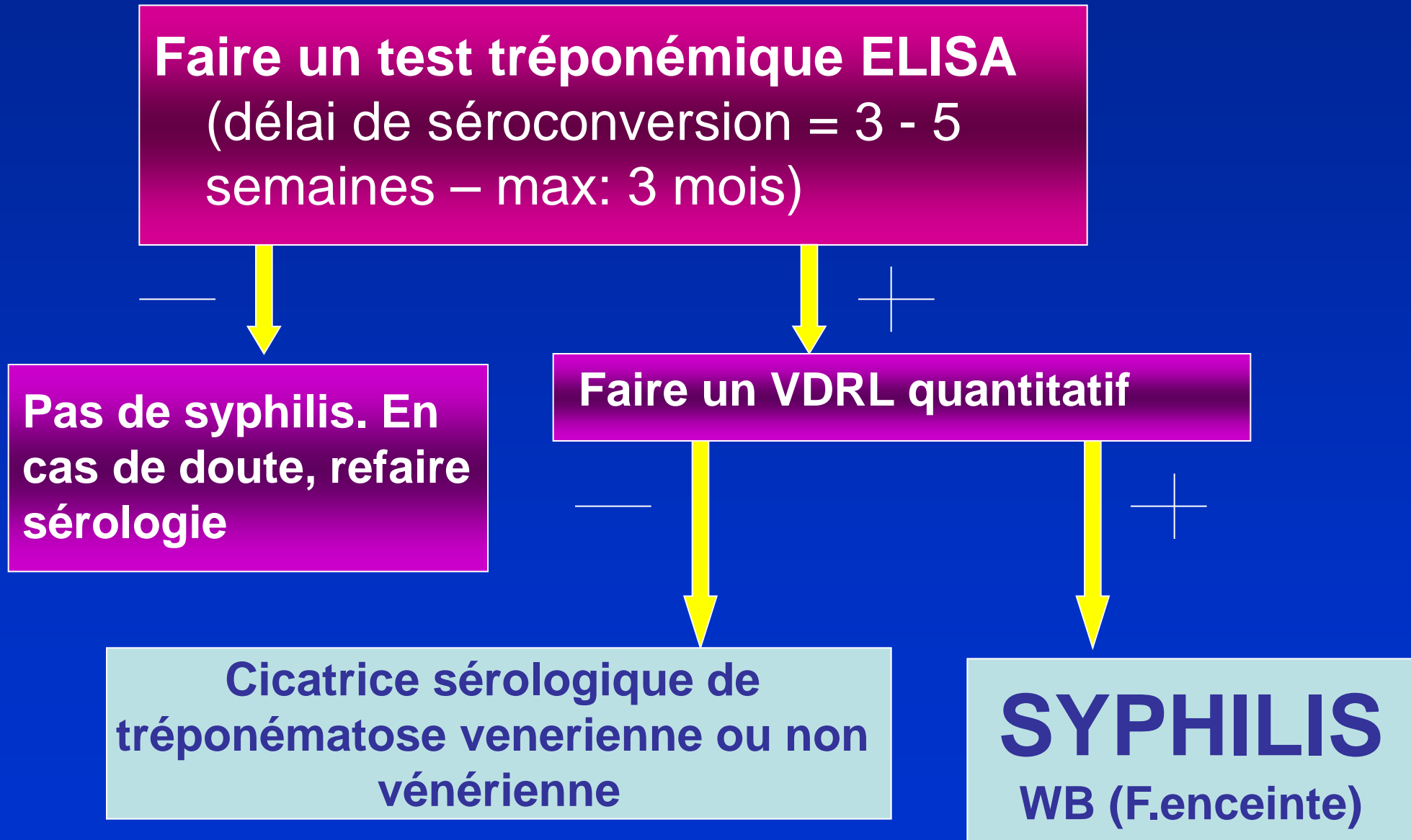
2014 European guidelines Syphilis

1. Broader use of PCR, immunohistochemistry, subtyping (Tp subsp p), new Treponemal test*, and rapid POC tests,
2. None of the STS differentiate between venereal syphilis and the non-venereal treponematoses (yaws, bejel and pinta)
3. Long acting penicillin G (BPG) is the only first line therapy regimen in early syphilis & in late latent syphilis

Modification de la Nomenclature des actes de biologie médicale pour les actes de recherche du *Treponema pallidum*

Remplacement de l'association systématique d'un test tréponémique (TPHA) et d'un test non tréponémique (VDRL) par un seul test tréponémique sur Ig totales avec une méthode reproductible et automatisable:
ELISA, EIA ou CMIA

Diagnostic syphilis (HAS. 19 Mars 2015)



BPG 1 IM vs BPG 3 IM for early syphilis in HIV infected patients

Single dose BPG resulted in a higher serological failure rate than three weekly doses of BPG in the treatment of early syphilis in HIV infected patients. Yang CJ et al. PLOS One 2014; 9: e109667



Single dose BPG resulted in a similar serological failure rate than three weekly doses of BPG in the treatment of early syphilis in HIV infected patients. Ganesan A et al. Clin Inf Dis 2015;60:653-660

Offline: What is medicine's 5 sigma?

« The case against science is straightforward: **much of the scientific literature, perhaps half, may simply be untrue.** Afflicted by studies with small sample sizes, tiny effects, invalid exploratory analyses, and flagrant conflicts of interest, together with an obsession for pursuing fashionable trends of dubious importance, **science has taken a turn towards darkness »**

Horton R. Lancet 2015;
385: 1380 (comments)

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BPG 1 IM vs doxycycline for early syphilis in HIV infected patients

	doxycycline	B PeniG	P =
FU 6 months	123	271	
FU 12 months	91	271	
2ry Syphilis	41%	65%	< 0.0001
Early latent S	49%	25%	< 0.0001
Response 6 M	63%	72%	0.075
Response 12 M	65%	68%	0.068

2014 European guidelines for syphilis

Syphilis stage	1st intention	2 nd intention
Early Syphilis	2.4 M IU BPG	Doxy 200 x 14 d
Late latent syphilis	2.4 M IU BPG x 3	Doxy 200 x 28 d
NS, OPH, ORL	Peni G IV	Ceftriaxone
In pregnant women	BPG	desensibilisation
In HIV infected pts	BPG	Doxycycline



Difficult to treat HPV infections

- F, 67 year-old, vulvar cancer, recurrences despite surgery, max doses of radiation and chemotherapy – **3 Gardasil** - No more relapse w 24 months FU

[Gustafson LW. Clinical case report 2014;2:243-246]

- F, 22 year-old, aplastic anemia, genital warts, recurrences despite imiquimod, cryotherapy, surgery – **IF alpha 2b Sous cutané (10.M UI x 1/wk) + ribavirine 400 mgx2/d) x 12 wks** – No more relapse, FU 30 wks

[Mosa C et al, IJID 2014;23:25-27]



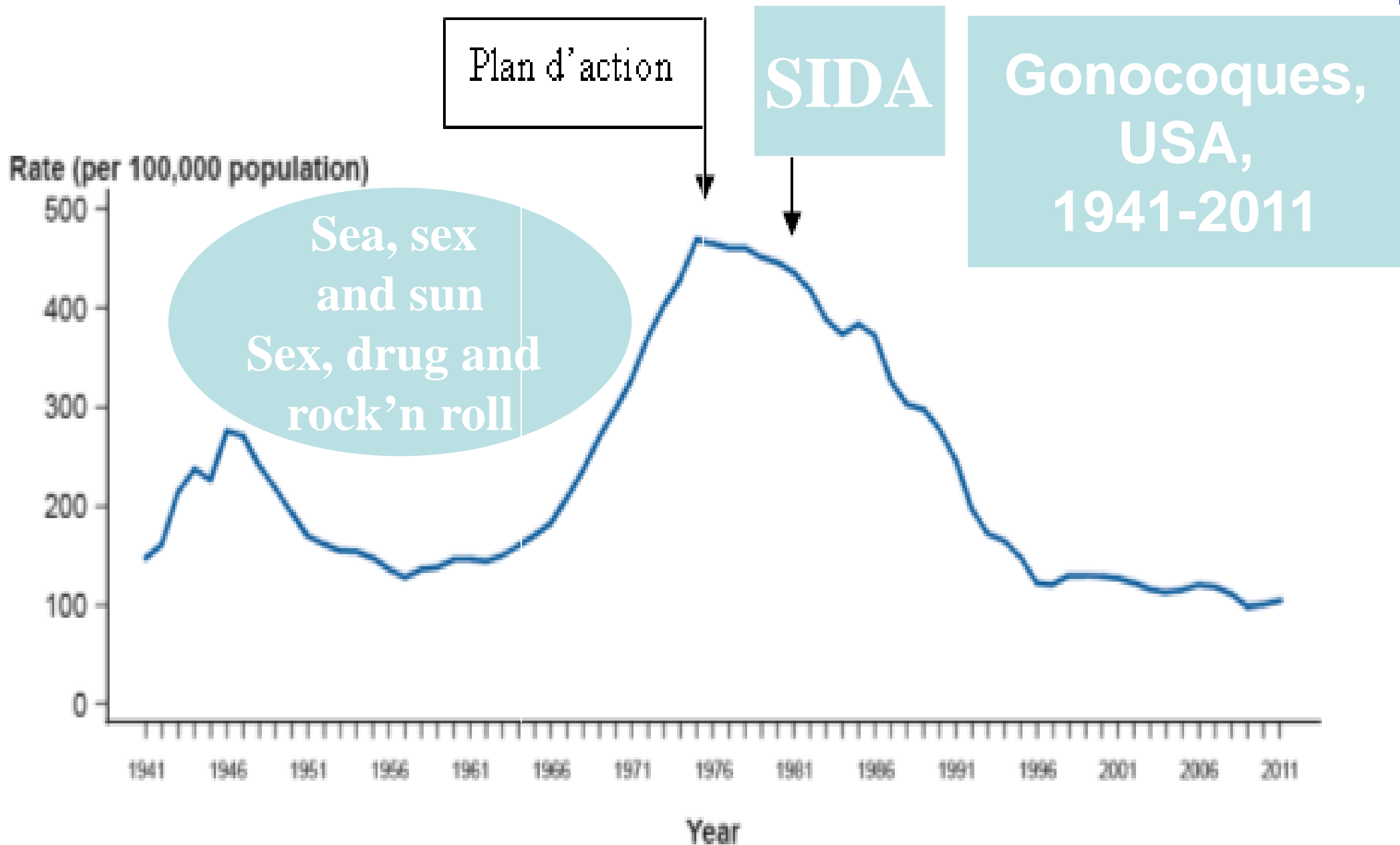
Pritelivir* (helicase primase inhibitor) vs placebo for HSV2 infection x 400 mg/d


	Placebo	Pritelivir
N =	30	31
Duration GH (y)	1 (1-35)	9 (1-30)
Recurrences GH (/y)	4 (1-9)	4 (1-9)
Total Nb swabs	833	852
Total Nb recurrences	12	6
Recurrences rate/y	5.2/y	2.5/y
HSV shedding (% swabs)	138 (16.8%)	45 (5.3%)

VIH, HSV ACV-R, GHPS, 2000-2010

- 13 /5.295 (0.2%) patients; CD4 : 183/mm³.
- 12 M, 9 Africains, 13 préalablement traité par ACV
- 10 pts avec lesions cutanées seulement.
- 11 pts traités avec foscarnet, 2 avec cidofovir.
- Follow up : 67 mois (6-145). Recurrences: 13 patients dt 10 ACV-R HSV. Recurrences ACV-R = 2/patient (0-5). ACV-R: 7/13 premiere recurrence (54%) et 5/11 (45%) deuxieme recurrence

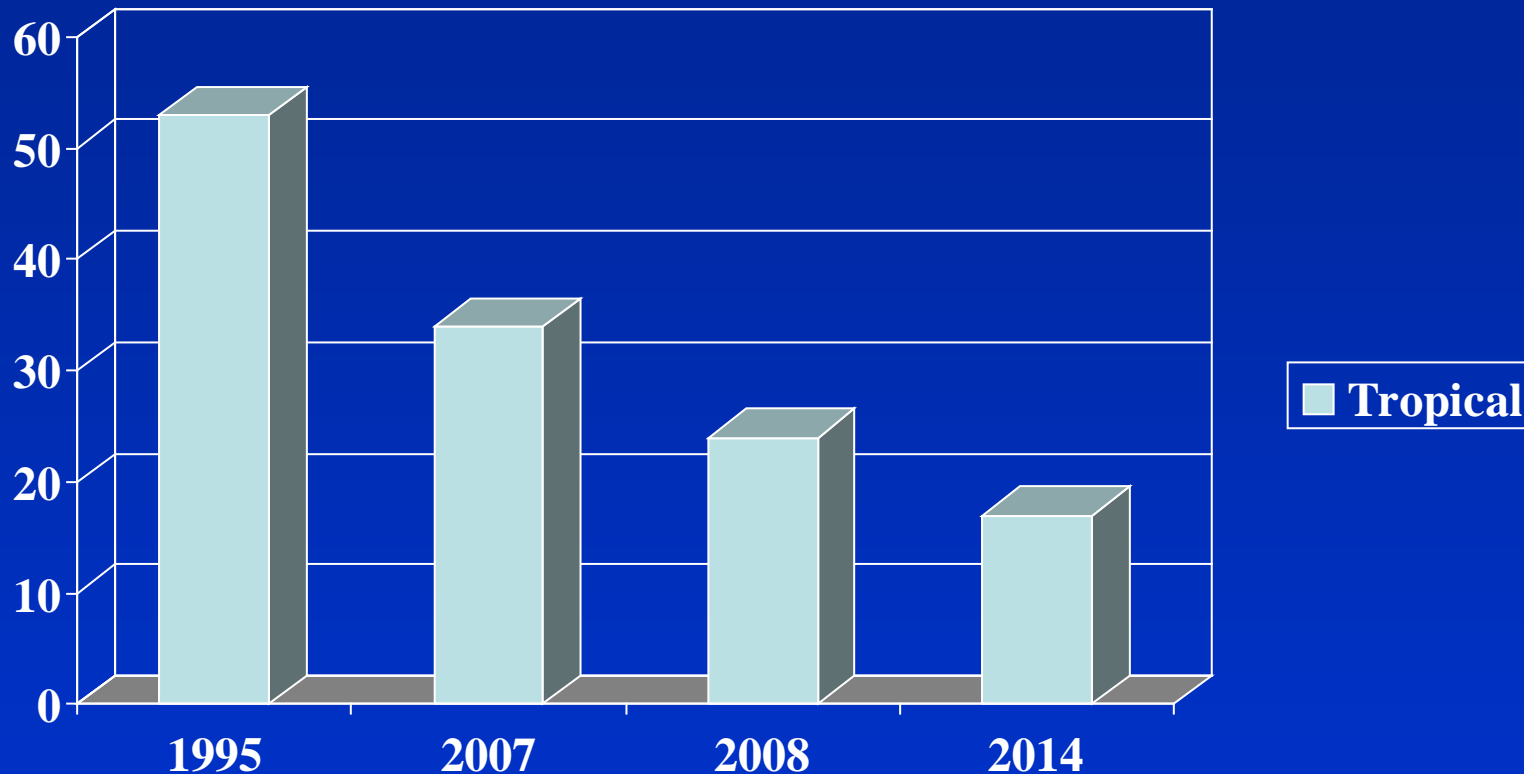
Seang S et al. J STD AIDS 2014;





**La vie est une maladie
mortelle sexuellement
transmissible
(Woody Allen)**

Tropical skin diseases in returning travelers: less and less common



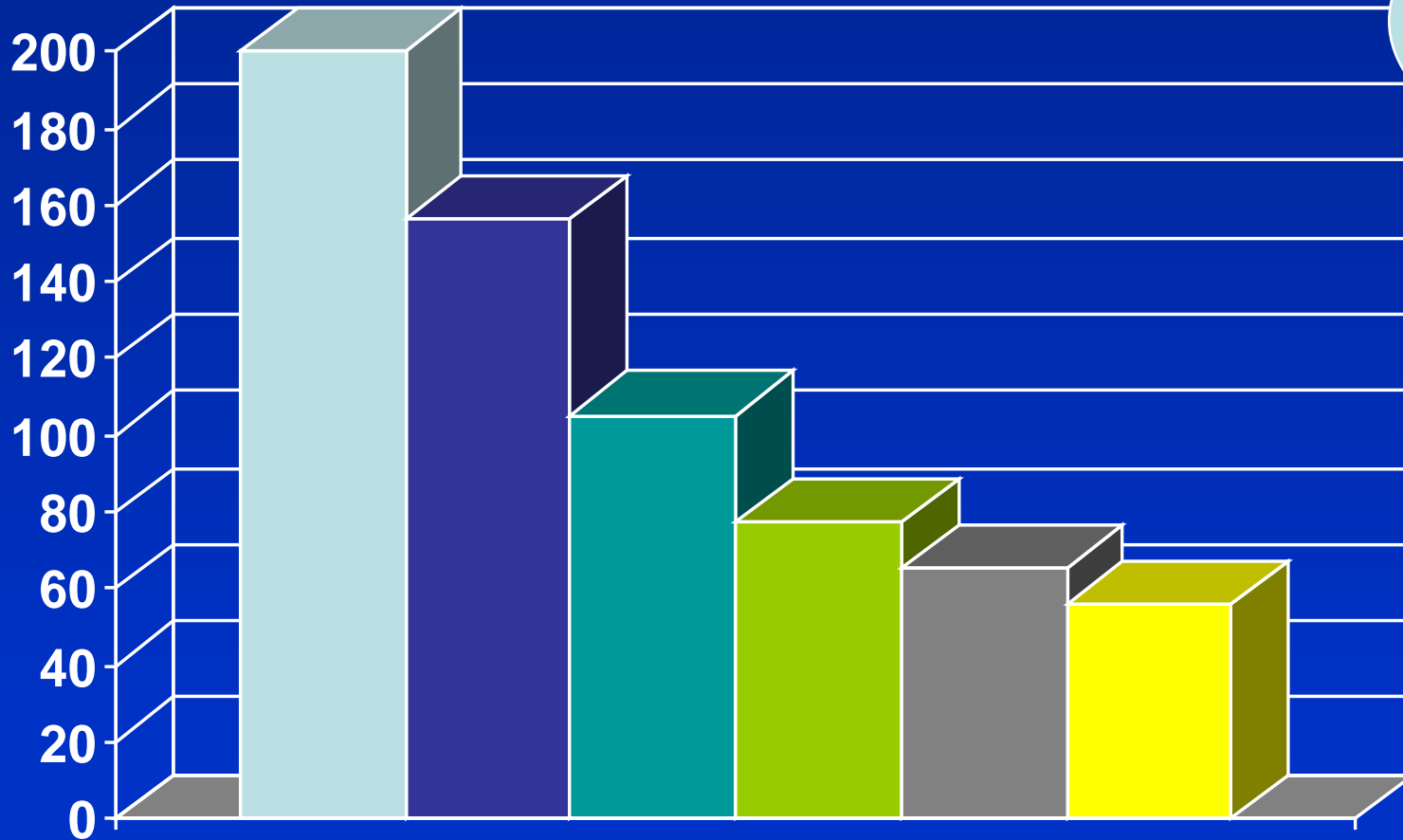
1995- Caumes E. Clin Inf Dis 1995; 20:542-548

2007- Ansart S. Am J Trop Med Hyg 2007; 76:184-186

2008- GeoSentinel. Int J Inf Dis 2008 i:10.1016/j.ijid.2007.12.008

2015- Stevens MS et al. CMAJ open 2015; 0.9778/cmajo.20140082

Skin problems in 1076 travellers Canada



Sentinel

- Insect bites (19%)
- SSTI (14%)
- HrCLM (9.8%)
- Rash ukn (7.1%)
- Prurit ukn (6%)
- Animal (5.2%)

monkey (25), dog (18), other (10: bat 6, cat 3, tiger, stingray & leech 1)

Stevens MJ et al.
CMAJ open 2015



Hépatite fulminante à VZV, maladie de Crohn, anti-TNF-alpha

- F, 29 ans, Crohn < 22 ans, échec infliximab, Tt par adalimumab < 2 sem, fils avec varicelle < 3 sem
- Hépatite cytolytique + vésicules cc + convulsions + GB 23800/mm³ (PN) puis CIVD (pas de PL) et hépatite fulminante (ASAT/ALAT= 3276/1750; TP = 17%, Facteur V = 5%) puis décès
- PCR VZV + (sang, trachée, PBH post mortem)
- Culture cellulaire VZV + (cc)

VZV et anti-TNF-alpha

- Anti-TNF-alpha: FdR de VZV (frequence et gravité)
- Vaccination VZV CI ou 3-6 mois après arret Tt
- Atcd de varicelle/zona ? Si oui: surveillance
- Si Non ou Indeterminé: sérologie VZV?
- Si sérologie < 0
 - Si possible vaccination antiVZV : 2 doses < 3 sem < Tt
 - Si impossible et contage : Tt prophylactique, Ig < 4jrs apres; au dela: observation de 28 jours
 - Eviter contact en cas de vaccination VZV entourage

**Merci pour votre
attention**

Lower antelope canyon, Page, Arizona, USA