

Best of en dermatologie et maladies sexuellement transmissibles

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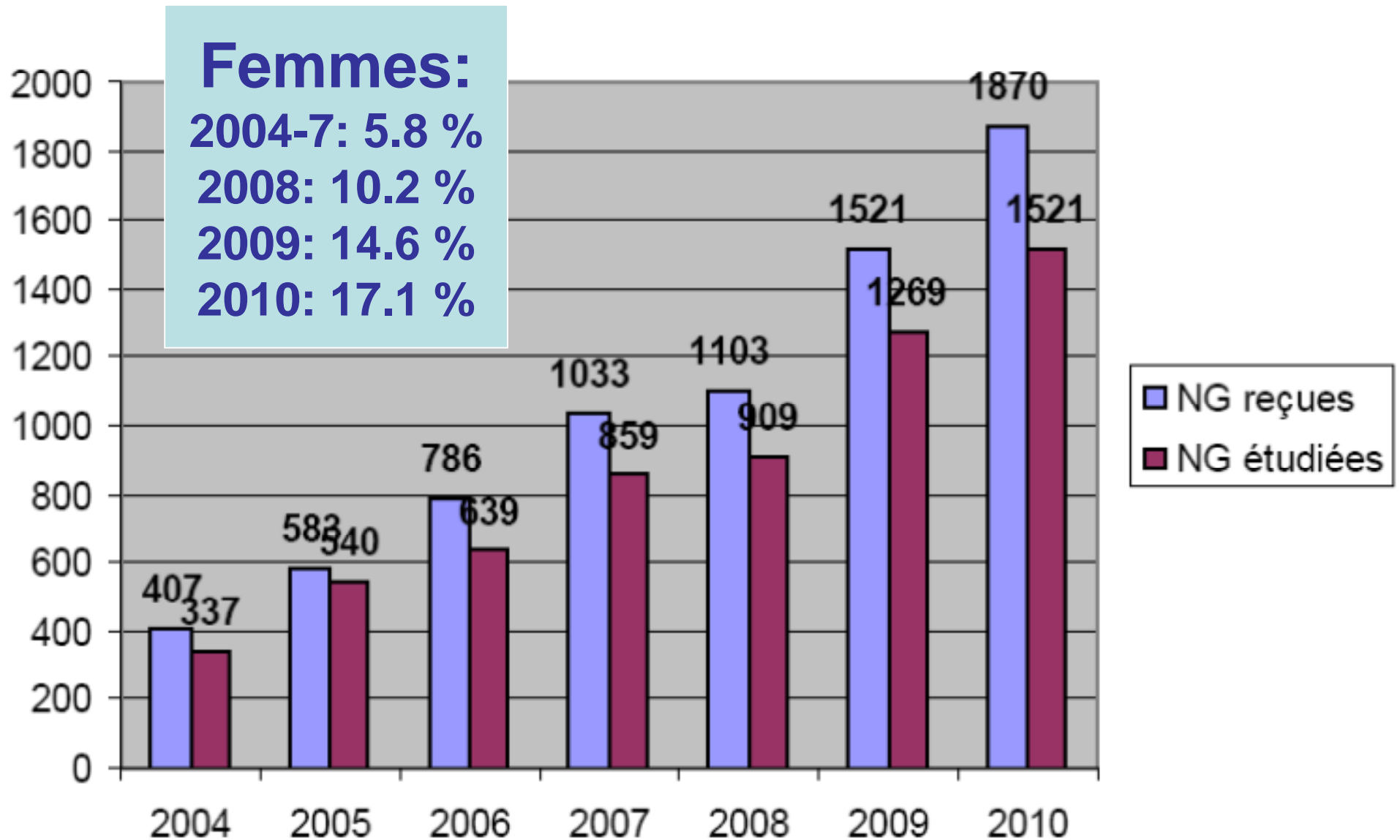


Potential links of Interests

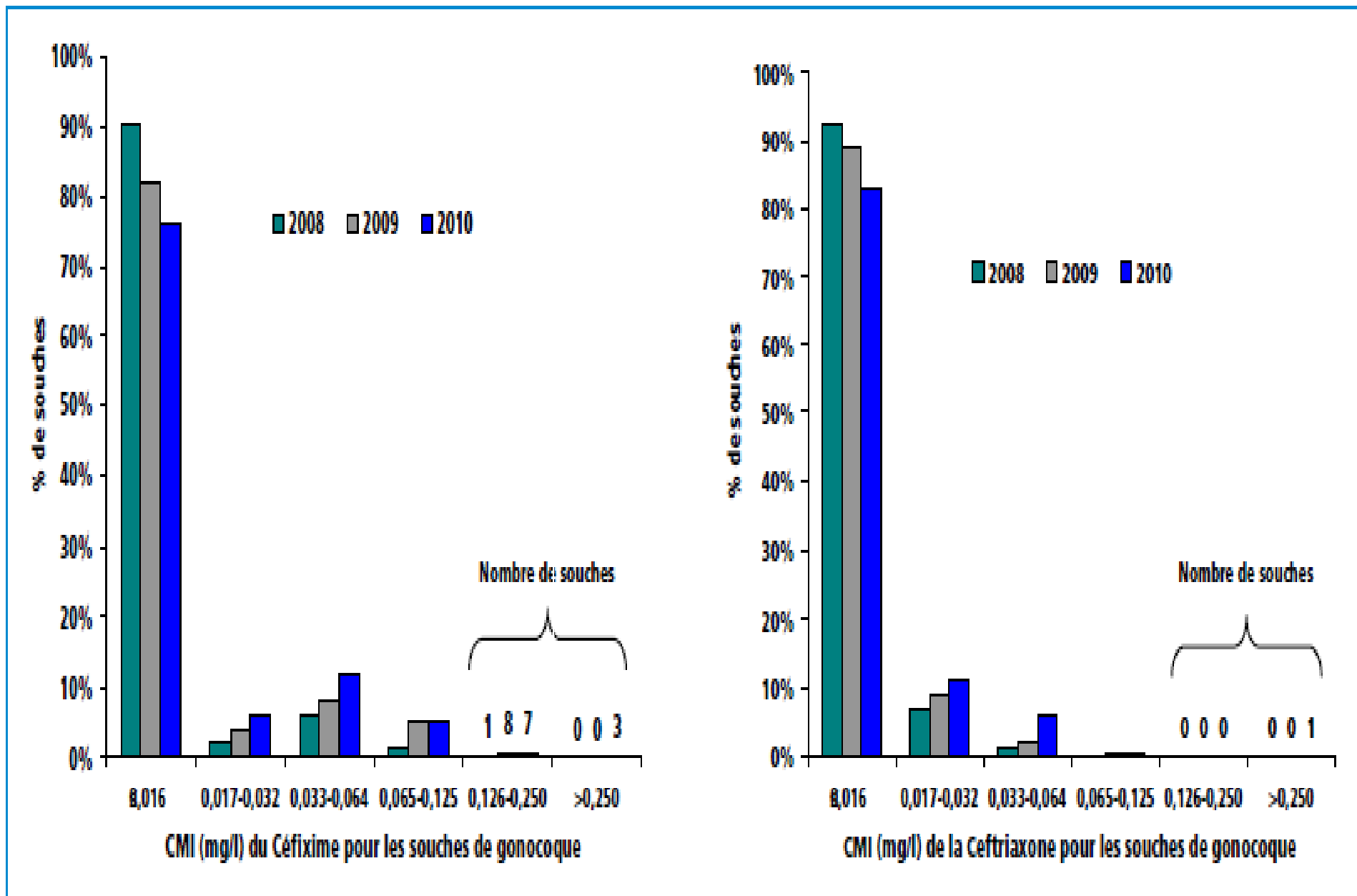
- In the past 4 years, I (or my department) have received honoraria from **Sanofi, BMS, Pfizer, Baxter, Janssen, Galen** for lectures on SSTI & STDs as well as for participation in advisory boards (HPV vaccine, TBE vaccine, KS) and CME programs.
- I am the Editor in Chief of the **Journal of Travel Medicine (IF = 1.47)** (submission wellcome)



Evolution du nombre de souches de N. gonorrhoeae reçues et étudiées au CNR des gonocoques entre 2004 et 2010

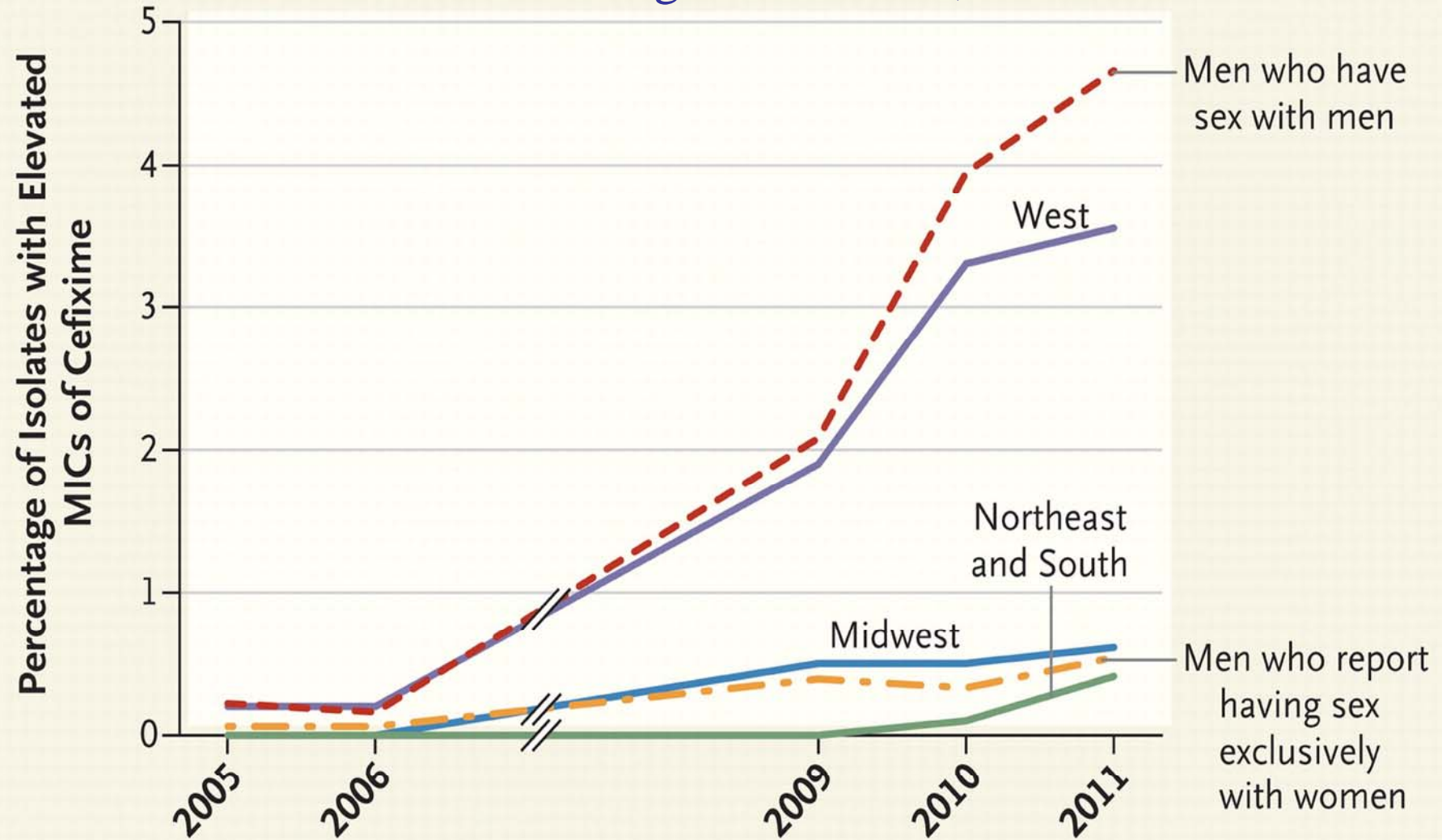


Évolution de la sensibilité des souches de gonocoque aux céphalosporines à large spectre (au céfixime à gauche, à la ceftriaxone à droite), réseau Rénago, France, 2008-2010 (Source : CNR des gonocoques)



Percentage of Isolates of *N.gonorrhoeae* in which MICs of Cefixime were 0.25 µg per Milliliter or Higher, 2005–11

Bolan GA et al. N Engl J Med 2012; 366:485-487



Alternative for reduced susceptibility to cephalosporins in *N.gonorrhoeae*

- Treat all cases of gonorrhea with the most effective regimen : a **250-mg IM dose of ceftriaxone**
- **Doxycycline** seems less preferable, since Ng strains with decreased susceptibility to cefixime currently exhibit tetracycline resistance as well.
- **Oral cefixime** should be reserved for situations that preclude ceftriaxone treatment.
- In patients who are allergic to cephalosporins, the only option is 2 g of **azithromycin** orally.
- Et la spectinomycine ?? On en parle pas car elle n'est pas commercialisée aux USA!!

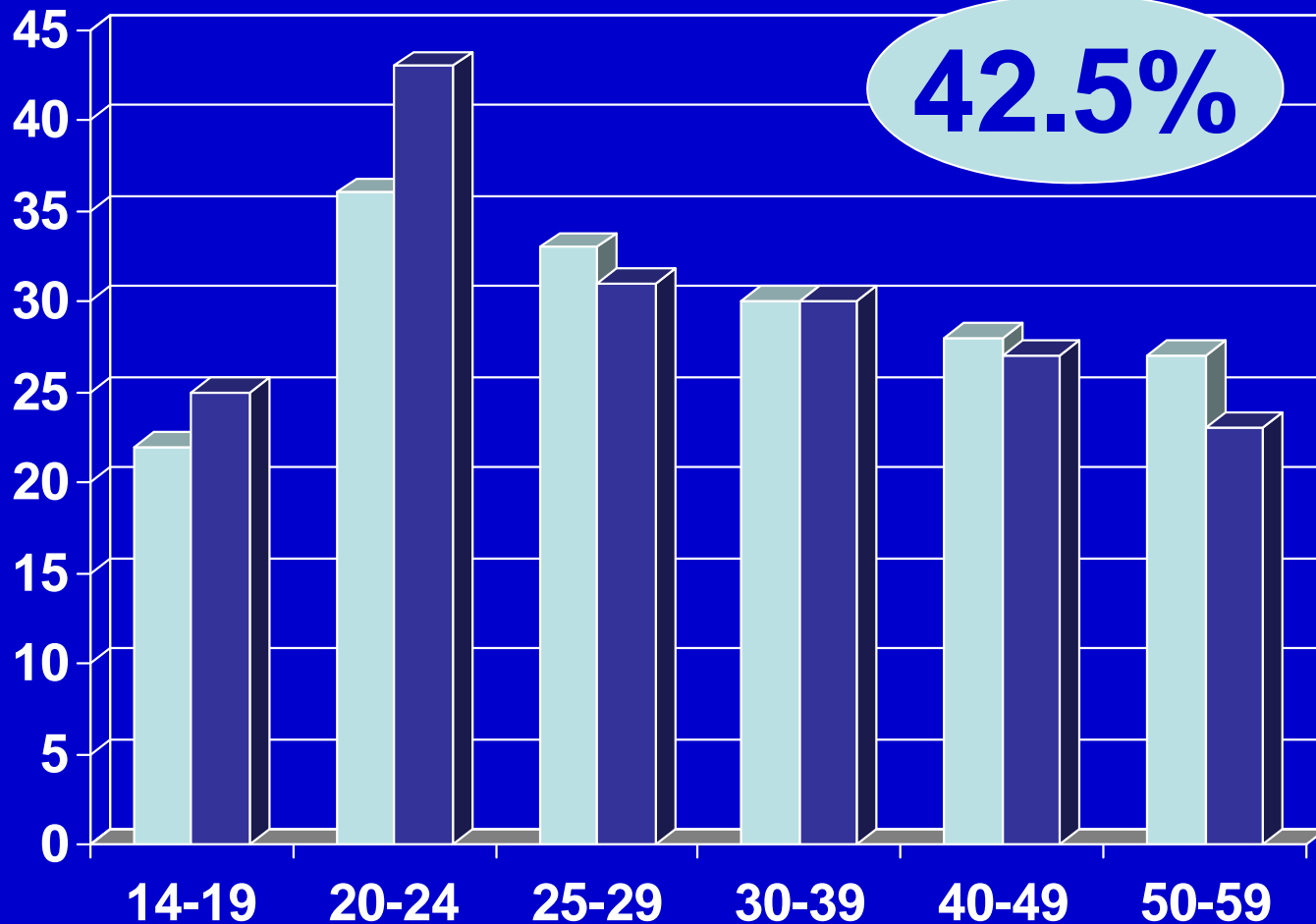


HSV-2, ACV-R, FOS-R c° VIH : Imiquimod (1/jr – 3/sem)

Age	42	32	45	55
Origine	Cote d'ivoire	Cameroun	France	Afrique
CD4	1128	120	398	130
Localisat	Scrotum	Scrotum	anal	Aine
FU (mth)	61	46	-----	39
Recurr	0	18	10	12



Prevalence HPV Femmes USA



42.5%

4150 F.
NHANES
2003-2006

■ Bas risque
■ Haut risque

HPV 62: 6%

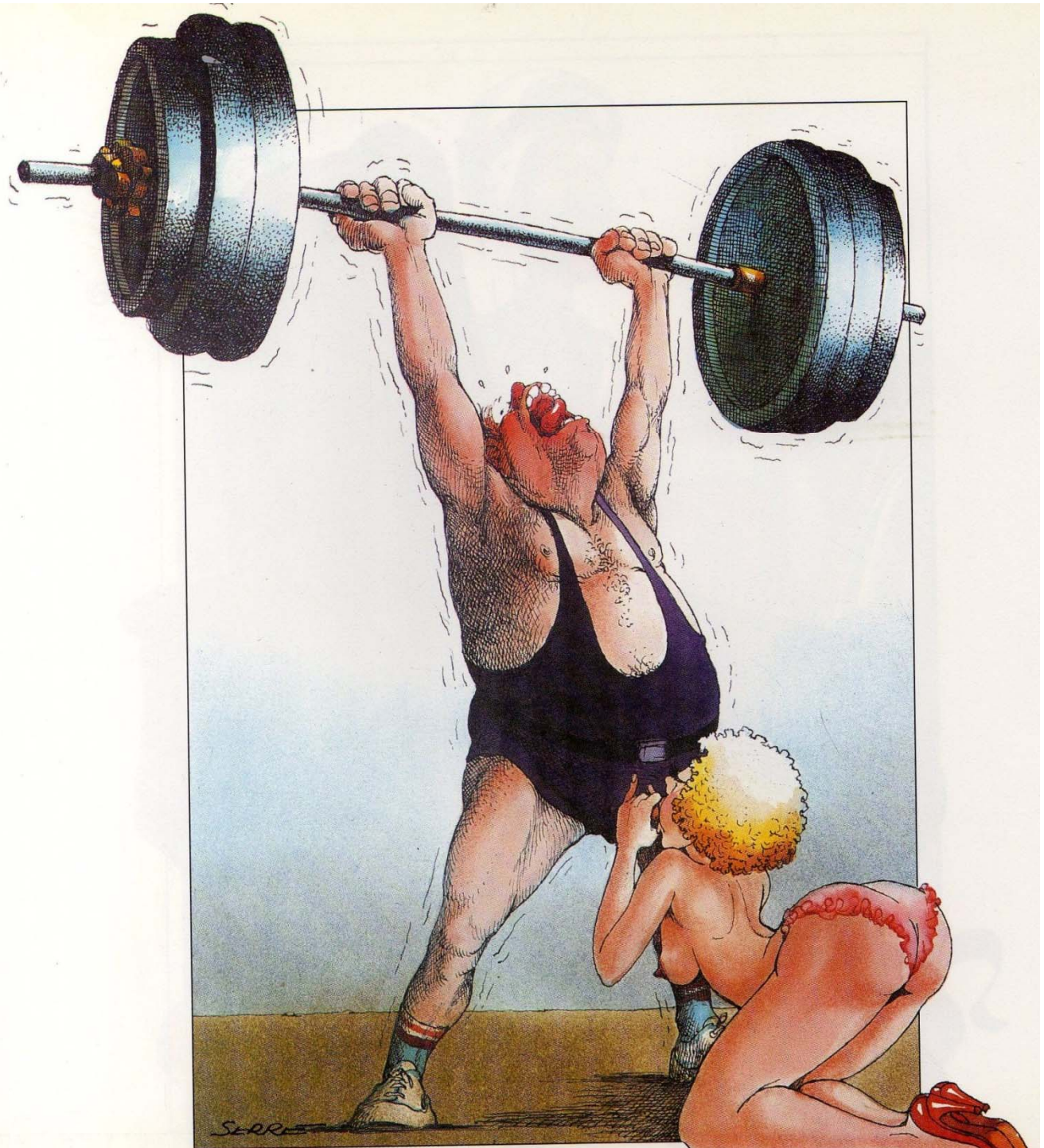
HPV 53 : 4.7%

HPV 16: 4.7%

Portage HPV 4150 Femmes US (Nb total partenaires sexuels < 12 m)

Nb PS < 12 mois	N=	Prevalence (95% CI)
0	308	39.7 (34-45)
1	2007	40.7 (37 – 43)
2	240	60.2 (51 – 68)
> 3	224	76.2 (66 – 83)

Le sexe
oral (non
protege)
n'est pas
sans
risque

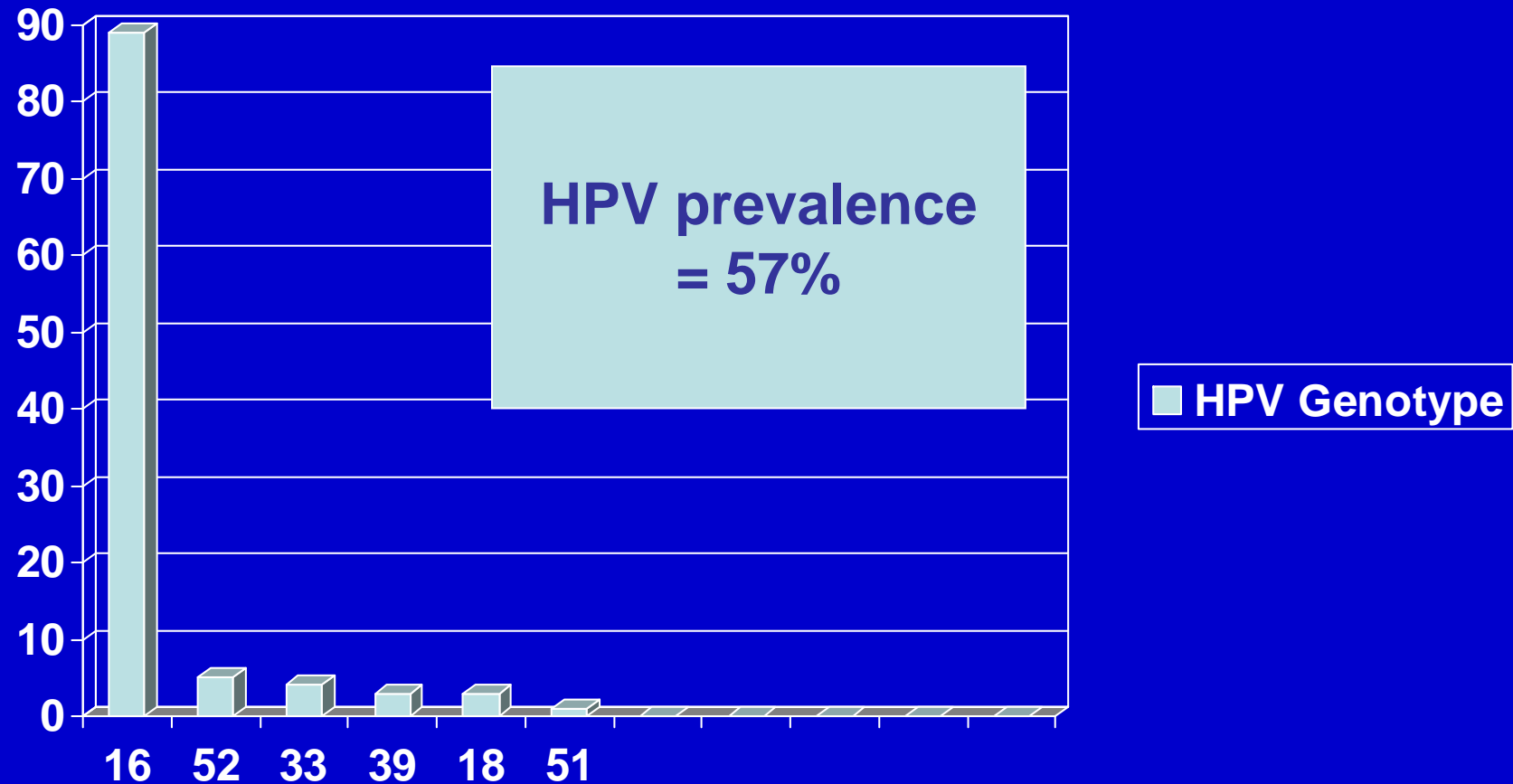




HPV + dans les cancers ORL

	Oral post	Oral ant
HPV Prevalence	46%	22%
---- hommes	42%	7.9%
---- femmes	63%	17.2%
---- amygdales	57%	
---- pharynx	37%	
---- plancher buccal		9.6%
---- langue		6.3%

Genotype HPV dans 185 Cancer amygdales, France, 2000-2009



Lacau St Guily J et al. Head & Neck Oncology 2011; 3: 1-5



Mr
& Mrs
abscesses

MS PVL+
S. aureus

**Mr cellulitis
& Mrs abscess**

**MS PVL+
S. aureus**

Jaureguiberry S et al. Int J Dermatol. 2011; 50: 705-8



**Regarding *S.aureus* related SSTI
acquired while being in the tropics,
the main causes of concern are:**

**1- Transmission in the
household**

2- Antibiotic resistance

1- Jaureguiberry S et al. Int J Dermatol. 2011; 50: 705-8

2- Stenhem M et al. Emerg Inf Dis 2010;16:189-196

Import and spread of PVL+ *S.aureus* in travelers with SSTI

- 38 travelers with *S.aureus* + SSTI vs 124 control with other trav-dis; genotyping
- *S.aureus* SSTI were associated with travel duration and location (Africa: OR =4.2)
- Pts with PVL+ *S.aureus* SSTI were also colonized in the nares (73% vs 25%)
- SSTI due to PVL+ *S.aureus* were more likely to be complicated, reduced antibiotic susceptibility and 2ry spread (5 clusters)

Import and spread of PVL+ *S.aureus* in travelers with SSTI

	Sa+ nasal carriage	PVL+ nasal carriage	PVL+ lesion
Abscess Furuncle	0.5	0.1	0.001
Recurrent Disease	0.4	0.002	0.001
Surgical drainage	1	0.2	0.015
SSTI contacts	1.8	0.1	0.1

Staphylococcal decolonisation in pts with recurrent SSTI: effective?

Ref	N=	S.aureus	FU	Tt vs P(or E)	P =
Raz	34	MSSa	12 m	M monthly	0.002
Ellis	134	CA-MRSa	4 m	M /5 days	0.76
Gordon	92	27%-MRSa	6-8 m	M monthly	NS
Fritz	300	68%MRSa	6 m	E + M (5 d)	0.4
M: mupirocin; E: education; P: Placebo; Chl: Chlorhexidine BB: Bleach baths				E + M + Chl	0.51
				E + M + BB	0.02

Decolonization for prevention of recurrent CA-MRSA infections

- California, private practice, 31 pts enrolled
- Mean age : 40 y; 58% Female; 86% healthy
- Mean Nb of episodes < 6 mths = 5 (2-30)
- 10 d regimen: nasal mupirocin 2/d, body wash hexachlorophene/d + AB (cycl; tmp/smx)
- Mean Infection rate = 0.03 inf/month > 6 mths (FU period) vs 0.84 inf/mth < 6 mths intervention (P < 0.0001)



Varicelle récidivante acquise après contact professionnel VZV

- Femme Médecin US, 32 ans, non ID, atcd de varicelle (à 5 ans), IgG VZV + (à 30 ans)
- Varicelle 14 jours après contact avec pt non ID, VZV OPH (lésions couvertes, « briefly » découverte); durée d'examen (avec des gants, sans masques) = 20 mns. Culture VZV +; IgG +; IgM+
- Pbs : récurrence varicelle (4-13%); transmission nosocomiale (respiratoire?) à partir d'un zona; isolement contact + respiratoire po varicelle, VZV disséminée, ID mais aussi zona localisé de l'IC ??

55000 femmes excisées
vivent en France

LES EXCISIONS,
EN FRANCE,
C'EST FINI!

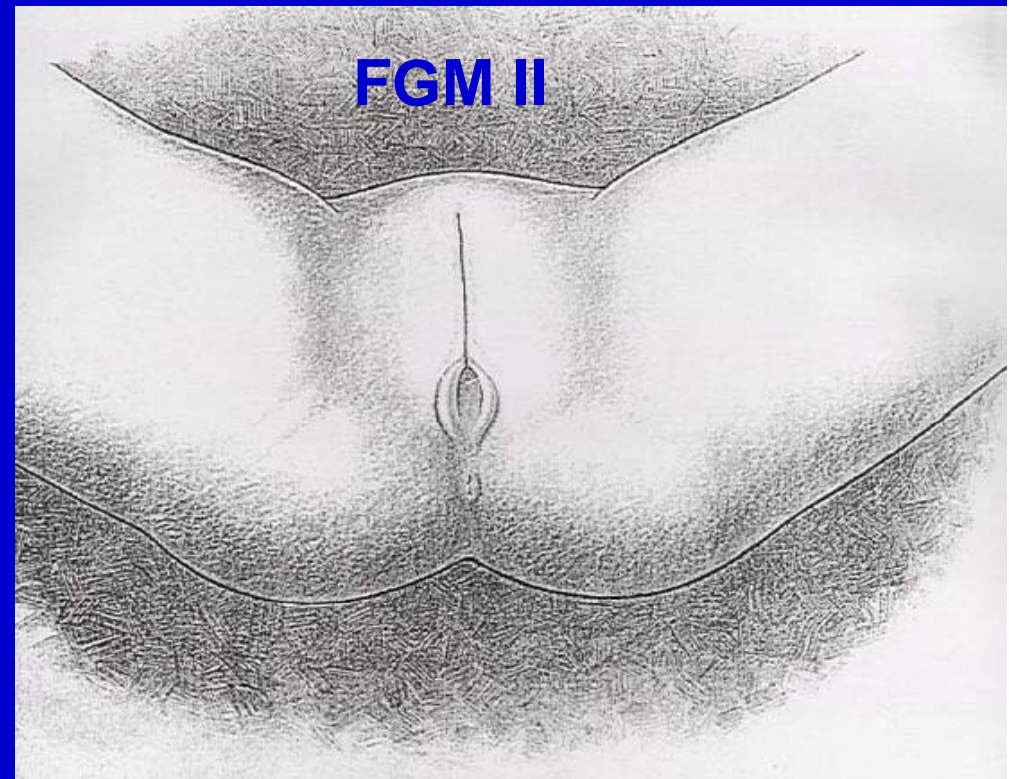
AH! BEN,
BONJOUR
L'ACCUEIL!



Reconstructive surgery after FGM

- 1998-2009; Poissy-St Germain;
- 2938 Women FGM II/III ; age = 29 y;
- FGM age = 6 y (3-5); 564 (19%) in France; Mali, Ivory Coast, Senegal
- Results at 1 year FU
 - Improvement/No pain
 - Worsening : 821/840 (97%)
 - Clitoridal pleasure: 815/834 (97%)
 - Orgasm: 430/841 (51%)

Foldes P et al. Lancet 12 Juin 2012



Female Genital Cutting in W Africa

Country, 2005-2007	Mother FGC +	Daughter FGC +	Practice continue
Sierra Leone	94%	34%	88%
Gambia	78%	64%	76%
Burkina	73%	24%	14%
Mauritania	72%	64%	59%
Guinea-Biss	44%	33%	36%
Ivory Co	36%	20%	26%
Nigeria	26%	13%	31%

Merci pour
votre attention

