Primary Care Often Omits Discussion of STD/HIV

BY DOUG BRUNK
San Diego Bureau

SAN DIEGO — A survey of STD and HIV risk among adult patients at a primary care clinic showed that 44% had never been asked about sexual health and 18% had never had a prostate or pelvic exam.

Most surveys on risk behavior have targeted higher-risk populations in STD clinics, and few have addressed risk behaviors in a primary care setting, Dr. Diana Nurutdinova, the lead author, said in an interview during a poster session at the annual meeting of the Infectious Diseases Society of America.

"In a primary care setting, there are a lot of missed opportunities for STD and HIV testing and counseling as well as assessing for risky behaviors," said Dr. Nurutdinova of the department of medicine at the St. Louis Veterans Affairs Medical Center.

She and her associates at Washington University in St. Louis offered a self-administered survey to 718 primary care patients aged 18 and older. The survey had questions about demographics, sexual practices, risk-taking behavior, condom use, and prior history of STD/HIV testing.

The patients' mean age was 48 years, and 34% reported a past history of STD.

Dr. Nurutdinova said that 44% had never been asked about their sexual health by their primary care physicians and 18% had never had a prostate or pelvic exam. More than half (55%) reported being sexually active in the past 3 months. Of these, 24% were married, 58% reported never using a condom in the past 3 months, and 33% said they would not use a condom for their next sexual encounter.

In addition, 31% said that they had never been tested for HIV, 32% did not know their partner's HIV status, and 47% reported feeling comfortable discussing STDs with their primary care physicians.

Most participants had STD/HIV risk factors, but "a large fraction of this population reported never discussing their sexual health with a primary care provider," the researchers wrote. "Ongoing routine assessment of behavioral risk is needed in the primary care setting." ■

Histology Shows Wide Variation in Resurgent Syphilis

BALTIMORE — Secondary syphilis does not always have the textbook lichenoid-psoriasiform appearance, said Dr. Timothy H. McCalmont, a professor of clinical pathology at the University of California, San Francisco.

"There's been a resurgence in syphilis. Keep it on your differential diagnosis short list," Dr. McCalmont said. "The microscopy of this disease is highly varied and the textbook descriptions that are out there are perhaps a little bit on the simplistic side," he said at the annual meeting of the American Society of Dermatopathology.

Dr. McCalmont and his colleagues reviewed their experience with syphilis, which included 23 specimens from 22 patients with a diagnosis confirmed by immunohistochemistry, polymerase chain reaction–based assay, or serology.

Histopathologically, most of the 23 samples did not demonstrate the textbook lichenoid-psoriasiform pattern. A lichenoid infiltrate was present in 11 of the specimens (48%), whereas psoriasiform epidermal hyperplasia was present in only 8 (35%). Clear involvement of the epidermal-dermal junction was found in 18 (78%); however, 5 (22%) showed wholly dermal involvement.

The dermal infiltrate included histiocytes in all specimens, neutrophils in 11 (48%), and plasmacytes in 22 (96%), however, plasmacytes were conspicuous in only 7 specimens (30%). Eosinophils are generally not found in syphilis, and none were found in any of these specimens. "If you see a juxtaposition of eosinophils and plasma cells, it's probably not syphilis," Dr. McCalmont said.

When using immunoperoxidase staining for *Treponema pallidum*, look for organisms at the perijunctional zone. "They often tend to have a coiled morphology that is easily picked up on staining," he said. The organism load is usually high.

Secondary syphilis can have a variety of patterns, Dr. McCalmont said. In addition to the lichenoid-psoriasiform pattern, granulomatous, sarcoidlike, and lupus-like patterns can be seen.

—Kerri Wachter

Pages 32a—32f〉