



GETTING TO THE BOTTOM OF IT:

SEXUAL POSITIONING AND STAGE OF SYPHILIS AMONG MEN WHO HAVE SEX WITH MEN

A cross-sectional observational study.

<u>Vincent J. Cornelisse</u>, Eric P. F. Chow, Ian Denham, Janet Towns, Marcus Chen, Catriona S. Bradshaw, Christopher K. Fairley









Methods

- Retrospective analysis of syphilis diagnoses at MSHC between 2008 and 2017.
- 1068 cases. MSM only. All MSM are routinely offered syphilis screening.
- Each case reviewed by an experienced sexual health physician (Dr Ian Denham), for accuracy of syphilis staging.
- · Data available:
 - Computer-assisted self-interview (CASI), on sexual practices, including condom use for receptive and insertive anal sex.
 - Laboratory data: Syphilis serology, Syphilis swab pcr, HIV serology, etc
 - Patient demographics and other electronic medical record data.
- Analysis: proportion of diagnoses by syphilis stage, stratified by "exclusive tops", "exclusive bottoms" and "versatile".





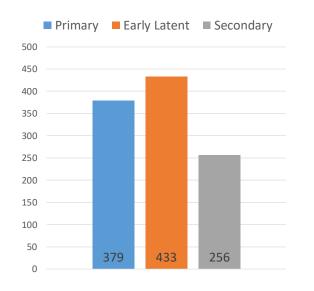
DrVinCornelisse

1068 cases

Median age 32 (IQR 27 to 41)

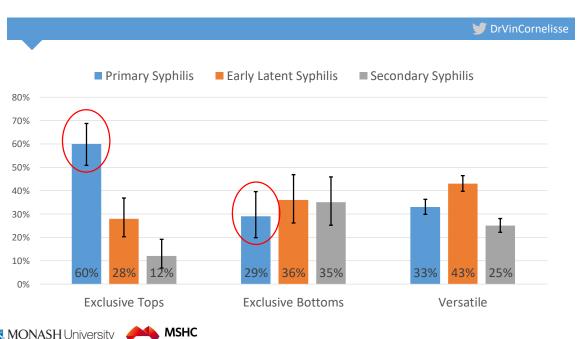
Median CSP in 3 months: 3 (IQR 1 to 5)

42% HIV+

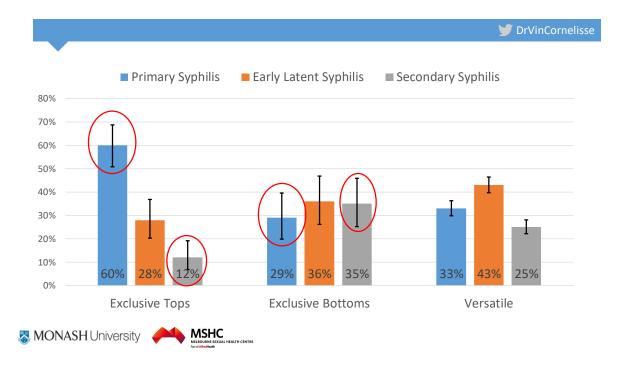


MONASH University











Conclusions - Getting to the bottom of it.

- "Exclusive Tops" are more likely to be diagnosed with primary syphilis.
- "Exclusive Bottoms" are more likely to be diagnosed with secondary syphilis.
- · Needs further investigation.
- May have implications for recommended syphilis screening frequency for "Tops" and "Bottoms".

Future Directions:

- Effect of HIV status, condom use and syphilis screening frequency.
- Record review to determine exact site of primary lesions.



