STD & Genital Dermatology

Anne Olaug Olsen: Anal dysplasia and cancer. Anal dysplasia (anal intraepithelial neoplasia) is a precancerous condition induced by human papillomavirus (HPV), which may progress to invasive cancer. The worldwide incidence of anal cancer in the general population although low, has increased over the past three decades. The increase has been alarmingly high among HIV positive men who have sex with men. Immunocompromised individuals and those previously treated for HPV-related premalignant disease also represent high-risk groups for the development of anal dysplasia and cancer. It is however noteworthy that the majority of cases of anal and perianal cancer continuously are diagnosed in heterosexual and otherwise healthy men and women. There are numbers of challenges to be addressed as long as there is no consensus about the optimal management of HPV-induced anal intraepithelial neoplasia. Screening algorithms and follow-up routines are in demand. A wide range of treatment modalities, including topical and ablative therapy, is available. Optimal regimes for screening, intervention and follow-up of anal dysplasia in high-risk groups, is a priority.

Eija Hiltunen Back: Ulcus Vulvae Acutum Lipschütz. Lipschütz ulcer (acute genital ulcer, AGU) is an underdiagnosed disorder that presents as an acute painful necrotic vulvar ulcers in prepubertal or pubertal girls without any history of sexual contact. The onset is preceded by an acute systemic illness. Primary Ebstein-Barr virus infection is the most frequently reported aetiology. The diagnosis is established clinically after ruling out STIs, trauma, autoimmune causes, drug reactions and local manifestations of systemic illness. The histological findings are nonspecific. The management consists of symptomatic treatment like oral and topical antibiotic and corticosteroid therapy. Lesions heal spontaneously in a few weeks with no sequelae. It is important to keep AGU in mind as a differential diagnosis of vulval ulceration to avoid misdiagnoses and unnecessary invasive investigations.

Harald Moi: IUSTI Guidelines on Gonorrhoea Treatment. Neisseria gonorrhoeae has shown a remarkable capacity to develop resistance to multiple classes of antibiotics. After a steady rise in minimum inhibitory concentrations in recent years, resistance and even clinical failures to extended-spectrum cephalosporins (ceftriaxone and cefixime) have been confirmed. As a consequence, combination antimicrobial therapy is recommended. The first line treatment according to recent European IUSTI guidelines is 500 mg ceftriaxone i.m. and 2 g azithromycin p.o. as direct observed therapy. If treatment after susceptibility testing, antibiotics are given according to the test results.

Erika Wikström: Overtime Chlamydia Trachomatis Serotype Distributions in Fertile-aged Finnish females. While the occurrence of *Chlamydia trachomatis* has been high in the affluent countries for several decades little is known about the ecology of *C. trachomatis* serotypes. We studied the distribution of *C. trachomatis* serotypes in Finnish women from the 1980s to the 2000s. 1,169 healthy subjects testing positive for *C. trachomatis*-specific IgG antibodies were available from a large subcohort of 11,067 15–29-years old women belonging to the Finnish Maternity Cohort of the National Institute for Health & Welfare. The temporary *C. trachomatis* serotype replacement among females parallels changes in the sexually active population in the 1990s in Finland.

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Atopic Dermatitis

See separate Meeting Report from Louise Lönndahl on page 139–140.

Paediatric Dermatology

Katariina Hannula-Jouppi, Helsinki, Finland: Netherton Syndrome. Netherton syndrome (NS) is a rare autosomal recessive genodermatosis characterized by severe skin inflammation, erythema and scaling, multiple atopic manifestations and trichorrhexis invaginata, a hair shaft defect causing brittle "bamboo" hair. Mutations in the *SPINK5* gene cause NS by loss of LEKTI, a serine protease inhibitor in the epidermis. Loss of LEKTI disrupts normal skin homeostasis and leads to unopposed KLK activity and ELA2 activation, which initiate proinflammatory and proallergic cascades. We have studied 10 Finnish NS patients and identified a novel Finnish founder mutation in exon 8 of *SPINK5*, in 7 NS patients originating in the Ostrobothnia region. All NS patients had typical NS features and we saw a rapid increase in IgE sensitization to multiple during the first years.

Nicolas Kluger, Helsinki, Finland: Congenital Linear Streaks of the Face and Neck and Microphthalmia in an Infant Girl. A newborn girl presented with atrophic unilateral facial lesions following Blaschko's lines, aplastic nails, ipsilateral microphthalmia, aniridia and sclerocornea was diagnosed Microphthalmia with Linear Skin defects (MLS) syndrome/MIDAS (MIcrophtalmia,