# ITS y otras enfermedades infecciosas

2025 AEDV Highlights


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Fundación AEDV Piel Sana – Academia Española de Dermatología y Venereología

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2025 AEDV Highlights


**NO TENGO CONFLICTOS DE INTERÉS**

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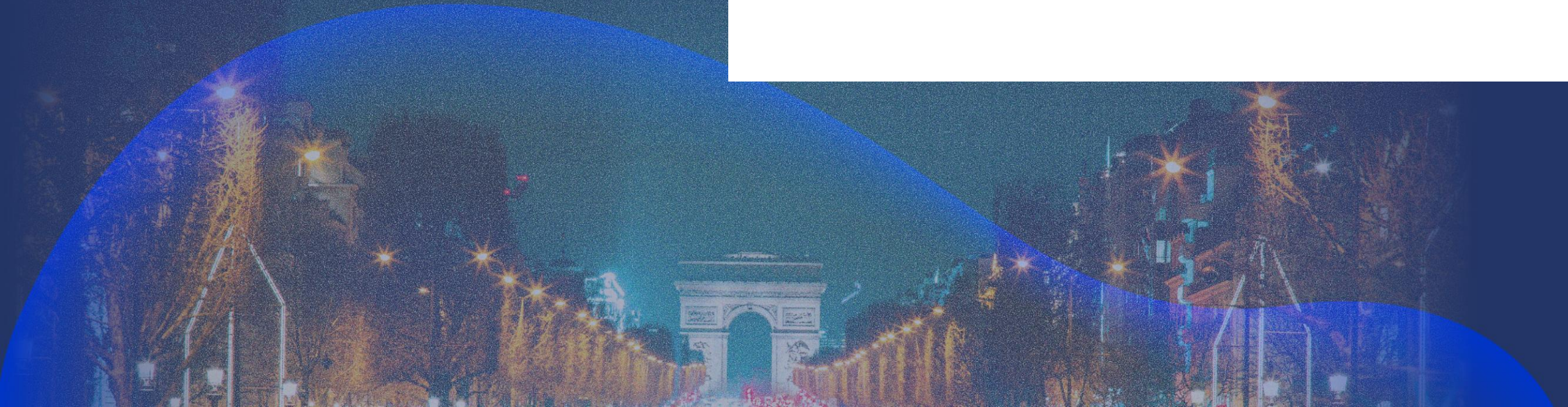
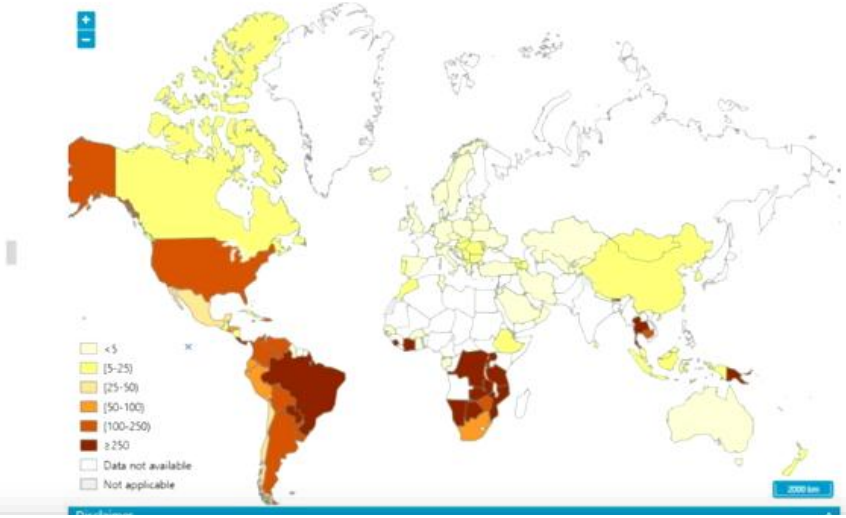
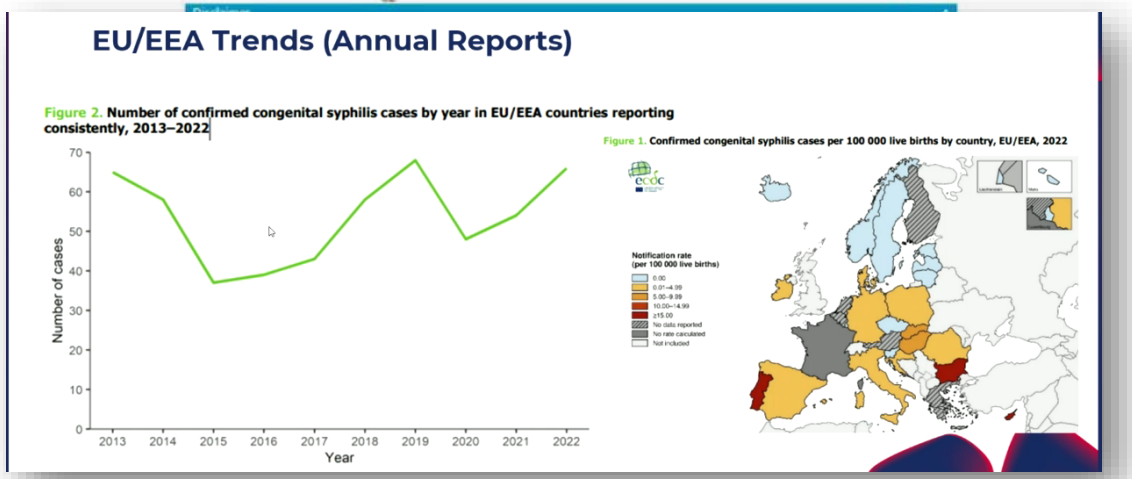
# INFECCIONES DE TRANSMISIÓN SEXUAL



# SÍFILIS: COMPLICACIONES

- **¿Qué pasa con la sífilis congénita?**




- ↑ casos de sífilis = ↑ **casos de sífilis congénita.**
- En 2022, **700.000 casos** en todo el mundo de sífilis congénita
- Especial problema **EEUU** (↑ x10 el nº casos desde 2012 – de 335 a 3761 casos –) **y países en desarrollo**:
  - *Screening* inadecuado (no test, después del 1r trimestre, no repetido en 3r trimestre)
  - Tratamiento inadecuado

- Recent cases of therapy failure among patients managed by general practitioners
- Confusion between BenzylPenicillin (BP) and Benzathine BenzylPenicillin (BBP)

| | Benzylpenicillin (BP) | Benzathinebenzylpenicillin (BBP) |
|---|---|---|
| Tmax | 15-30 min. | 48 hrs. |
| Duration | Short acting | Long acting |
| Administration | i.v. or i.m. | i.m. |
| Frequency | Daily multi-dose for days to weeks | Once or weekly |
| Indication | Congenital syphilis and neurosyphilis (In-patiënt Tx) | Uncomplicated syphilis (Out-patiënt Tx) |

  - ¡¡¡Fallo sistema sanitario!!!
- ¿Solución? Dual **point-of-care test**

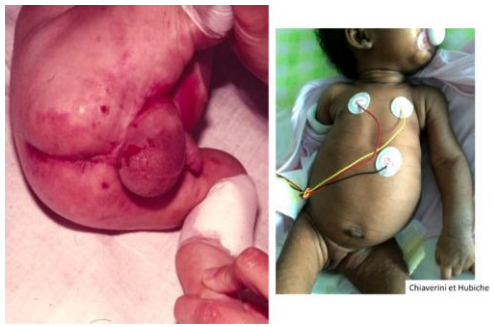
*Kularatne, R., Blondeel, K., Kasaro, M. et al. Clinic-based evaluation of point-of-care dual HIV/syphilis rapid diagnostic tests at primary healthcare antenatal facilities in South Africa and Zambia. BMC Infect Dis **24**, 600 (2024).*

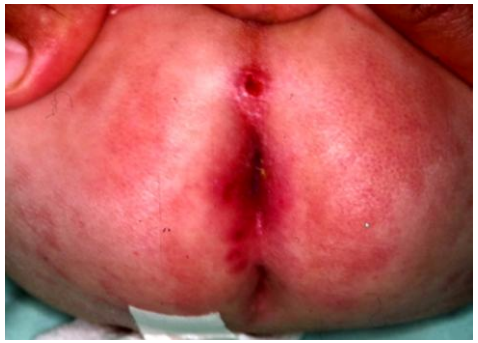
# SÍFILIS: COMPLICACIONES

| Stage of syphilis | % of MF transmission |
|---|---|
| Primary and secondary syphilis | 60-100% |
| Early latent syphilis | 40% |
| Late latent syphilis* | 8% |

* No risk of transmission in a pregnant woman with a persistant negative treponemic test

- **Sífilis congénita**
  - Riesgo de transmisión materno-fetal
    - ↑ si infección 2ª parte embarazo
  - Se recomienda revisión NEJM 2024
    - IMP!!! Erupción ampollosa palmo-plantar (35%) y rinitis (23%), condiloma lata…
  - Tratamiento (¡cuanto antes mejor!)




**Treatment of early syphilis (i.e. acquired ≤ 1 year previously) in pregnancy**

**First-line therapy option:**

**Benzathine penicillin G (BPG) 2.4 million units IM single dose** (or 1.2 million units in each buttock). Patients should be kept for clinical observation (signs of allergic reaction) for 30 minutes after injection.

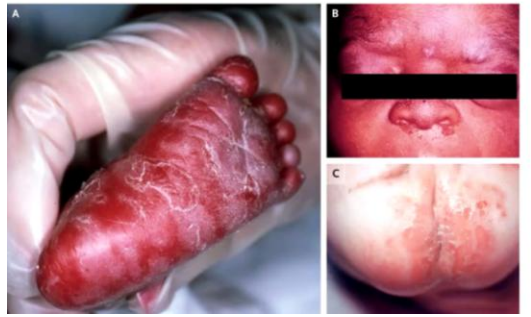
**Second line therapy option:**

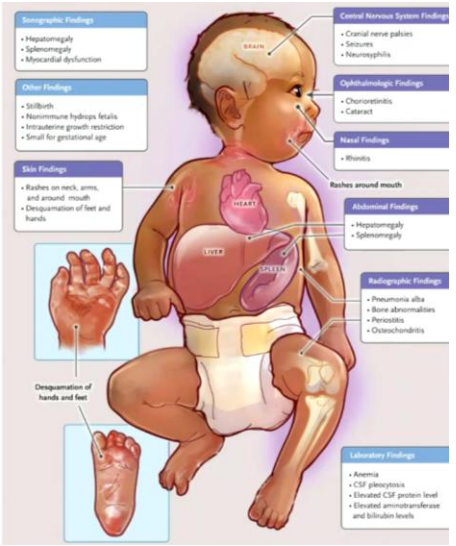
**Procaine penicillin 600,000 units IM daily for 10 – 14 days, i.e., if BPG is not available**

Penicillin allergy requires desensitization and penicillin treatment

**Ceftriaxone 1 g IV or IM daily for 10–14 days** has been studied as an effective and safe alternative treatment for pregnant women diagnosed with syphilis when penicillin therapy is contraindicated or unavailable.

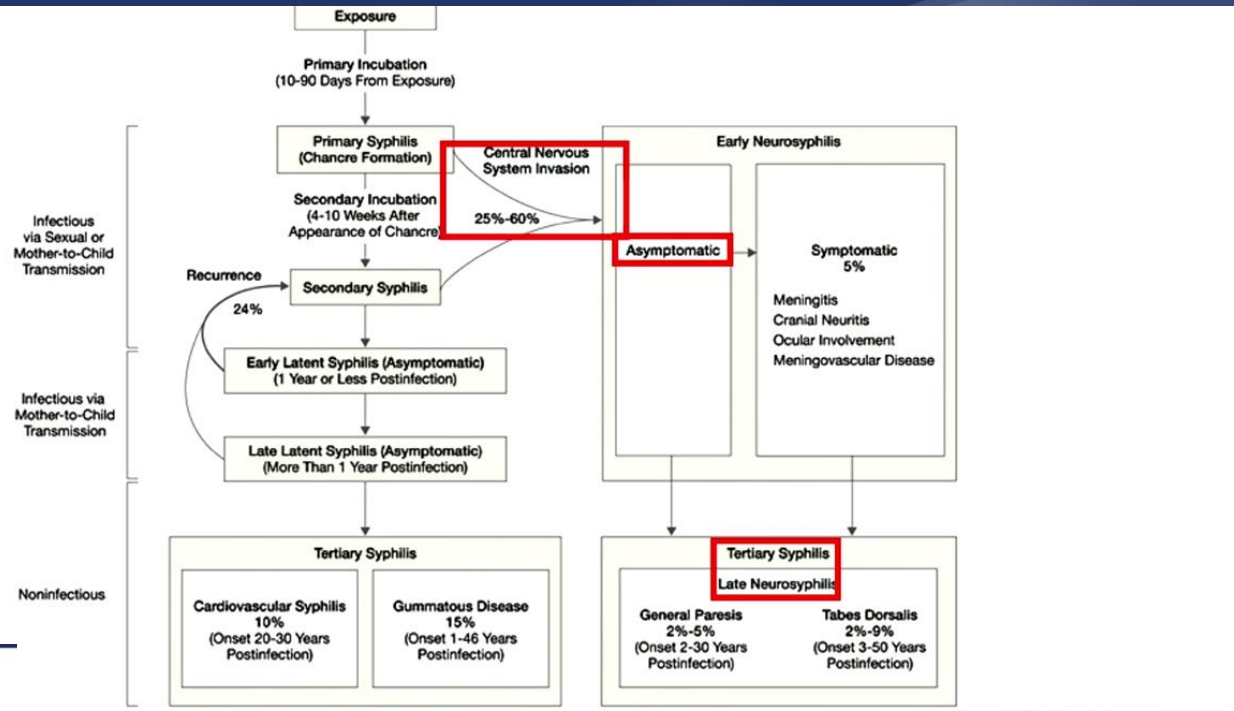
Strafford IA
New England Journal of Medicine 2024



# SÍFILIS: COMPLICACIONES

- **Neurosífilis**
  - Complicación + frec
    - **2% sífilis precoz**
    - No ≠ PLVIH
  - **Neurosífilis precoz** frec vs. Neurosífilis tardía rara




Golden MR et al. Jama 2003

**Table 1. Stages of Neurosyphilis According to Clinical Features and Associated Laboratory Test Results.**

| Stage | Clinical Features |
|---|---|
| **Early** | |
| Asymptomatic early neurosyphilis | Asymptomatic, with pleocytosis developing weeks after infection |
| Syphilitic meningitis | Headache, meningismus, photophobia, cranial-nerve palsies (including optic or auditory neuropathies [blindness, vertigo, deafness]), confusion, lethargy, seizures; symptoms occur weeks or months after infection‡ |
| **Early or late** | |
| Meningovascular syphilis | Stroke, cranial-nerve palsies, meningismus, meningomyelitis with progressive myelopathy, including sphincter dysfunction |
| **Late** | |
| General paresis | Progressive dementia, psychiatric syndromes, personality change, manic delusions, tremor, dysarthria (characterized by halting and syllabic repetition), Argyll Robertson pupils in fewer than half of patients |
| Tabes dorsalis | Ataxic gait, prominent Romberg's sign, lightning pains in legs and trunk, greatly impaired deep and proprioceptive sensation, Charcot joints, Argyll Robertson pupils in most patients, paraparesis with leg areflexia, sphincter dysfunction§ |

Ropper AH, NEJM 2019

# SÍFILIS: COMPLICACIONES

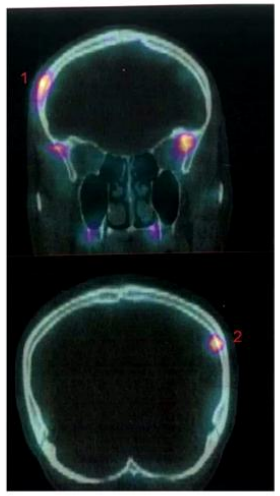
- **Neurosífilis**
  - Criterios Dx
    - **CDC 2018**
      - Definite NS
        - Serum TT +
        - Serum reactive RPR/VDRL
        - CSF VDRL +
      - Probable NS
        - Serum reactive RPR/VDRL
        - Serum TT +
        - CSF WBCs > 5/µl or CSF prot > 0,5 g/l
  - PCR LCR
    - No siempre útil en NS precoz

Clinical and Biological Characteristics of 40 Patients With Neurosyphilis and Evaluation of *Treponema pallidum* Nested Polymerase Chain Reaction in Cerebrospinal Fluid Samples

Clélia Vanhaecke,[1] Philippe Grange,[1] Nadjet Benhaddou,[2] Philippe Blanche,[3] Dominique Salmon,[3] Perrine Parize,[4] Olivier Lortholary,[4] Eric Caumes,[5] Isabelle Pelloux,[6] Olivier Epaulard,[7] Jérôme Guinard,[8] Nicolas Dupin[1] and the Neurosyphilis Network*

| | Early NS | Meningovascular NS | Late NS | Total NS |
|---|---|---|---|---|
| Number of patients | 30 (75%) | 5 (12,5%) | 5 (12,5%) | 40 |
| Ocular* symptoms | 24 (80%) | none | none | 24 (60%) |
| Neurological symptoms | 14 (47%) | 5 (100%) | 5 (100%) | 24 (60%) |
| Both ocular* and neurological symptoms | 8 (26%) | none | 2 (40%) | 10 (25%) |

* Uveitis = 14
Retinitis = 3
Isolated hyalitis =1
Optic neuritis = 3
Papillar oedema = 2
Combinations of symptoms = 3



Mignard, et al, ADV 2016

  - IMP!!
    - **Si solamente otosífilis o sífilis ocular →NO necesario estudio LCR** (>30% de los casos el LCR no estará alterado)
  - **Cefalea** puede ser periostitis

# SÍFILIS: COMPLICACIONES

- **Neurosífilis**
  - Tratamiento

**Table 3. Treatment Recommendations for Early and Late Neurosyphilis.***

| Geographic Region | Treatment Guidelines |
|---|---|
| United States (CDC)[31] | Aqueous crystalline penicillin G, 3–4 million units IV every 4 hr or 18–24 million units every 24 hr as a continuous infusion, for 10–14 days; or, if adherence is ensured, penicillin G procaine, 2.4 million units IM daily, plus probenecid, 500 mg orally four times a day, for 10–14 days |
| United Kingdom[39] | Penicillin G procaine, 1.8–2.4 million units IM every 24 hr, plus probenecid, 500 mg orally every 6 hr, or benzylpenicillin, 1.8–2.4 g IV every 4 hr, for 14 days; also suggested, prednisolone, 40–60 mg daily for 3 days, starting 24 hr before first penicillin dose |
| Europe[40] | Benzylpenicillin, 3–4 million units IV every 4 hr for 10–14 days (alternatively, there is weak evidence for ceftriaxone, 1–2 g IV daily for 10–14 days); or penicillin G procaine, 1.2–2.4 million units IM every 24 hr, plus probenecid, 500 mg orally four times a day, for 10–14 days |

## Ceftriaxone compared with benzylpenicillin in the treatment of neurosyphilis in France: a retrospective multicentre study

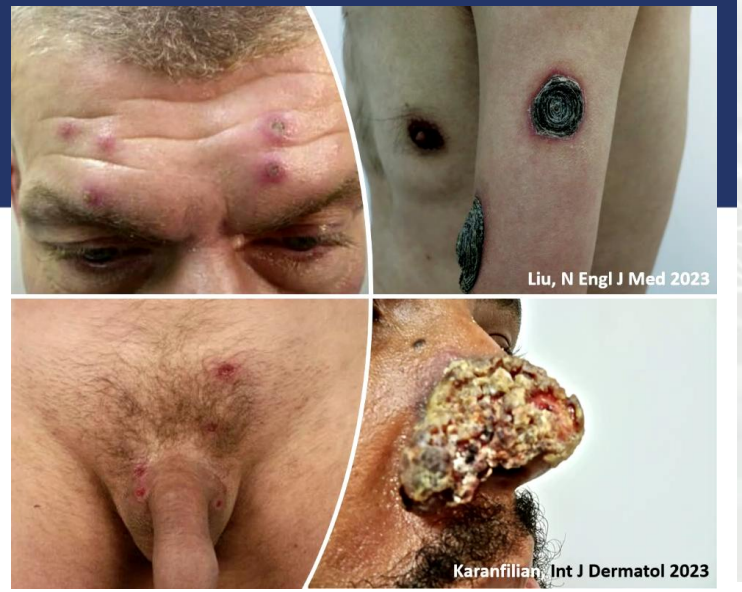
Thomas Bettuzzi*, Aurélie Jourdes*, Olivier Robineau, Isabelle Alcaraz, Victoria Manda, Jean Michel Molina, Maxime Mehlen, Charles Cazanave, Pierre Tattevin, Sami Mensi, Benjamin Terrier, Alexis Régent, Jade Ghosn, Caroline Charlier, Guillaume Martin-Blondel†, Nicolas Dupin†

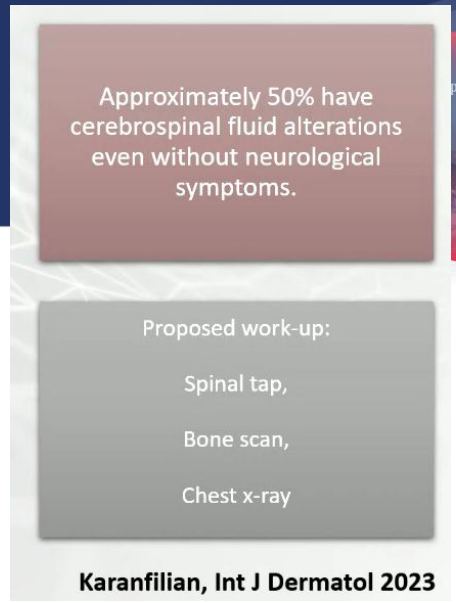
| | Ceftriaxone | Benzylpenicillin | p value |
|---|---|---|---|
| **Intention-to-treat analysis** | | | |
| Complete response, propensity score-weighted OR* | 1·08 (0·94–1·24) | 1 (ref) | 0·27 |
| Overall response, propensity score-weighted OR* | 1·22 (1·12–1·33) | 1 (ref) | <0·0001 |

OCR: 98% (CFT) *vs* 76% (benzylpenicillin) *p = 0,017*
CR: 52% (CFT) *vs* 33% (benzylpenicillin) *p =0,031*
Rép sérologique à 6 mois: 88% (CFT) *vs* 82% (benzylpenicillin) *NS*
Hosp stay: 8,9 days (CFT) *vs* 13,8 days (benzylpenicillin) *p<0,0001*

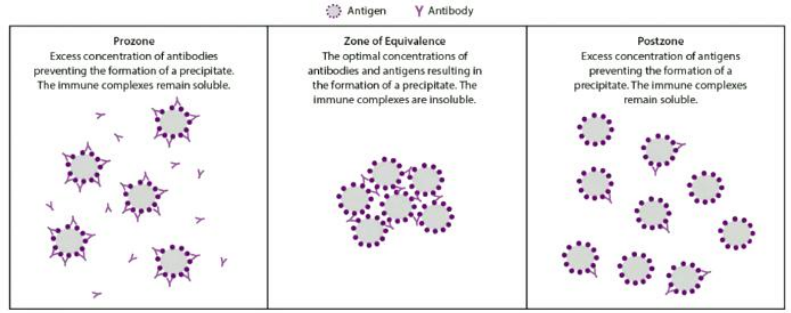
# SÍFILIS: COMPLICACIONES

- **Otras**
  - **Sífilis maligna**




- **Efecto Prozona**
  - Non-treponemal tests (RPR, VDRL)
  - Undiluted serum samples
  - Very high antibody titer
  - False negative test result




CDC laboratory recommendations for syphilis testing in the United States, 2024

- **Sífilis gran imitadora** → Lupus, dermatomiositis, hipofisitis, disección aórtica, AA…
- **Reaccion Jarisch-Herxheimer** → Puede ser severa, ¡ojo embarazadas!

# GONORREA

- **Tratamiento 1ª línea**

*Treatment of uncomplicated ano-genital and pharyngeal infections in adults*

- Ceftriaxone 1 g intramuscularly (IM) as a single dose (GRADE 1B).[86–90]

Ceftriaxone remains highly effective. Most gonococcal infections with ceftriaxone resistance are still cleared with ceftriaxone 1 g.[9,10] There have been very few treatment failures reported, all associated with extra-genital (usually pharyngeal) infection.[62,63,91]

*Guidelines*

INTERNATIONAL JOURNAL OF STD & AIDS

**British Association of Sexual Health and HIV UK National Guideline for the Management of infection with *Neisseria gonorrhoeae*, 2025**

International Journal of STD & AIDS
2025, Vol. 0(0) 1–15

DOI: 10.1177/09564624251345195
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# GONORREA

- ¿Necesidad de **TOC**?

Only for:

**pharyngeal infections**

**pregnant women**

At least **2-3 weeks** after treatment, with **NAATs**

- **Resistencia a ATB** Europa

- **Other Antimicrobial Resistance Trends**
  - **Azithromycin resistance** surged to **25.6%** in 2022, up from 14.2% in 2021.
  - **Ciprofloxacin resistance** rose to **65.9%**, compared to 62.8% the previous year.
  - **Cefixime resistance** remained low at **0.3%** of isolates.

- Tratamientos **alternativos**

- Spectinomycin 2 g IM as a single dose [1B] **together with** azithromycin 2 g as a single oral dose [1C]
- Gentamicin 240 mg IM as a single dose **together with** azithromycin 2 g as a single oral dose [1B]
- Ertapenem 1 g IM once daily for three days [2D]

# GONORREA

- **Futuros tratamientos**

**Gepotidacina**

2 dosis de 3 gr

(1 cada 12h)

**Zoliflodacina**

3 gr dosis única

Clinical Trial > Lancet. 2025 May 3;405(10489):1608-1620.
doi: 10.1016/S0140-6736(25)00628-2. Epub 2025 Apr 14.

**Oral gepotidacin for the treatment of uncomplicated urogenital gonorrhoea (EAGLE-1): a phase 3 randomised, open-label, non-inferiority, multicentre study**

## Gepotidacin

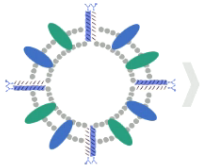
- Gepotidacin is a **novel oral** antibiotic effective for gonorrhoea
- Phase III results confirm **noninferiority** to ceftriaxone + azithromycin
- Oral administration is a major advantage (no injections)
- **Resistance risk is low**, but ongoing monitoring required
- **FDA** priority review granted (2025)

## Zoliflodacin

- **Zoliflodacin** is a promising **single-dose oral alternative** to injectable gonorrhoea treatments.
- It performed well in Phase II (urogenital/rectal) and met non-inferiority criteria in Phase III
- With **NDA submission accepted** approval could be on the horizon

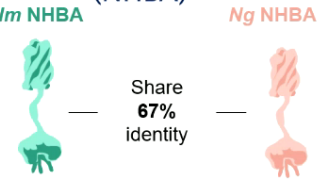
# GONORREA

Outer Membrane Vesicles (OMV)



22 core proteins comprise >90% of OMV content

Neisserial Heparin Binding Antigen (NHBA)




AEDV Highlights

34ª edición
17-20 sep
PARÍS

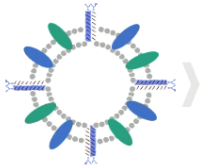
- **Vacuna meningococo**

| Study design | Sponsor | Location/s | Objective | Study period | Population | Results |
|---|---|---|---|---|---|---|
| Observational impact study[1] | MSSS[2] | Canada (SLSJ, Quebec) | Assess reduction in *N. gonorrhoeae* cases post-4CMenB introduction | 2006–2017 | 59,373 target population aged 2 months–20 years (83% vaccinated);[2,3] 231 cases | Estimated *N. gonorrhoeae* risk reduction: 59% (95% CI: −22 to 84)* |
| Retrospective case–control study[4] | CDC | USA (NYC and Philadelphia) | 4CMenB effectiveness against gonorrhoea | 2016–2018 | 167,706 infections among 109,737 individuals aged 16–23 years | 4CMenB effectiveness against gonorrhoea: 40% (95% CI: 23–53) compared to no vaccination, after adjusting for sex, race, and jurisdiction |
| Observational prospective cohort study[5,6] | SA Health, Government of South Australia | South Australia | 4CMenB impact and effectiveness against gonorrhoea | 2018–2021 | School Immunisation Programme Aged 15–20 years | Two-dose 4CMenB effectiveness against gonorrhoea in adolescents and young adults: 33.2% (95% CI: 15.9–47.0) |
| Retrospective matched cohort study[7] | Kaiser Permanente Southern California | Southern California | Assess association of 4CMenB with reduction in *N. gonorrhoeae* rates | 2016–2020 | 6641 4CMenB recipients matched to 26,471 MenACWY recipients; Age: 15–30 years | Gonorrhoea rates 46% lower after 4CMenB vs MenACWY (HR: 0.54 [95% CI: 0.34–0.86]) in multivariate analysis after adjusting for potential confounders |
| Unmatched case–control study[8] | San Raffaele Scientific Institute | Milan, Italy | Effectiveness of 4CMenB against gonorrhoea | 2016–2021 | 1051 MSM living with HIV | Two-dose adjusted 4CMenB effectiveness against gonorrhoea: 44% (95% CI: 9–65) with a median follow-up of 3.8 years (2.1–4.3) |

# GONORREA

- **Vacuna meningococo**

Outer Membrane Vesicles (OMV)



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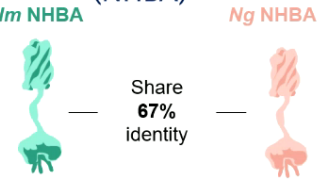
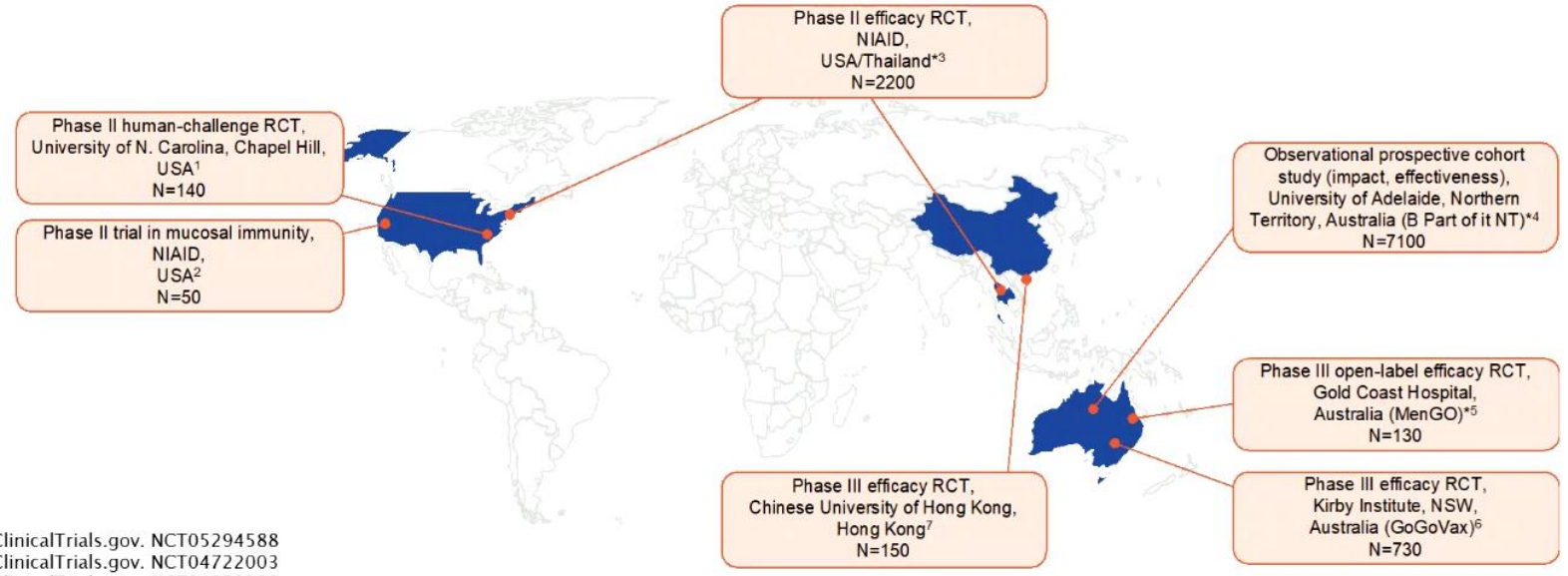



## Ongoing trials to test 4CMenB vaccines against gonococcal infections

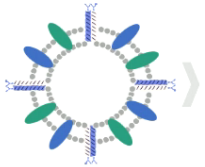




1. ClinicalTrials.gov. NCT05294588
2. ClinicalTrials.gov. NCT04722003
3. ClinicalTrials.gov. NCT04350138
4. ClinicalTrials.gov. NCT04398849
5. Australian New Zealand Clinical Trials Registry, 2022. ACTRN12619001478101
6. ClinicalTrials.gov. NCT04415424
7. ClinicalTrials.gov. NCT05766904

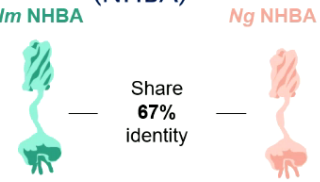
# GONORREA

Outer Membrane Vesicles (OMV)



22 core proteins comprise >90% of

Neisserial Heparin Binding Antigen (NHBA)





- **Vacuna meningococo**

Guidance

## A guide to the Meningococcal B vaccine for protection against Gonorrhoea

Updated 28 July 2025

**Applies to England**

Contents



This guidance is for gay, bisexual and other men who have sex with men.

From August 2025, gay, bisexual, and other men who have sex with men (GBMSM) who are considered at higher risk of gonorrhoea infection are being offered the meningococcal group B vaccine called 'Bexsero' to help protect them against gonorrhoea infections.

The vaccine will also help to prevent cases of meningitis and septicaemia caused by the meningococcal B bacteria.

# M. GENITALIUM

BASHH Guidelines

INTERNATIONAL JOURNAL OF STD & AIDS

## British association of sexual health and HIV national guideline for the management of infection with *Mycoplasma genitalium*, 2025

International Journal of STD & AIDS
2025, Vol. 0(0) 1–13

DOI: 10.1177/09564624251359054
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1

2

| Step / Line | Drug(s) | Typical Regimen | Effectiveness / Notes |
|---|---|---|---|
| Step 1 (initial load reduction) | Doxycycline | 100 mg twice daily × 7 days | Reduces bacterial load; rarely curative (<40%) but improves later treatment success. |
| Step 2A (if macrolide-susceptible) | Azithromycin (extended regimen) | 1.5 g over 5 days (e.g., 500 mg day 1, then 250 mg daily × 4) | Effective if no macrolide resistance; avoid single-dose 1 g (drives resistance). |
| Step 2B (if macrolide-resistant) | Moxifloxacin | 400 mg daily × 7–10 days | Highly effective (80–95%); resistance increasing in some regions. |
| If resistance testing not available | Empiric pathway | Doxycycline × 7 days → then moxifloxacin × 7–10 days | Widely used where resistance testing is unavailable. |

3

**Third-line treatment for persistent *M. genitalium* infection after azithromycin and moxifloxacin treatment**

| | |
|---|---|
| Pristinamycin 1 g four times daily for 10 days (oral), 75% cure | 1B |
| Minocycline 100 mg two times daily for 14 days (oral), 70% cure | 2B |
| Doxycycline 100 mg two times daily for 14 days (oral), 40% cure | 2B |

# HERPES GENITAL

- **Prevención herpes neonatal**

- **Aciclovir 400 mg** three times daily **or valaciclovir 500 mg** two times daily from **32 weeks of gestation**
- For pregnant women at high risk of premature delivery**: aciclovir 400 mg two times daily or valaciclovir 500 mg once daily from 22 weeks of gestation,** followed by aciclovir 400 mg three times daily or valaciclovir 500 mg two times daily from 32 weeks of gestation

Guidelines

INTERNATIONAL JOURNAL OF STD & AIDS

International Journal of STD & AIDS
2024, Vol. 0(0) 1–20

DOI: 10.1177/09564624241280734
journals.sagepub.com/home/std
Sage

**Joint British Association for Sexual Health and HIV and Royal College of Obstetricians and Gynaecologists national UK guideline for the management of herpes simplex virus (HSV) in pregnancy and the neonate (2024 update)**

Emily Clarke[1,2], Raj Patel[3,4], Dyan Dickins[5], Katy Fidler[6], Allan Jackson[7], Margaret Kingston[8], Christine Jones[4,9], Hermione Lyall[10], Marian Nicholson[11], Emanuela Pelosi[9], David Porter[12], Gemma Powell[13] and Elizabeth Foley[3,4]

- ♀ Antecedentes VHS genital
- Tratamiento supresor:
  - Inicio 36 w → Inicio 32 w
    → Inicio 22 w (si riesgo de parto prematuro)

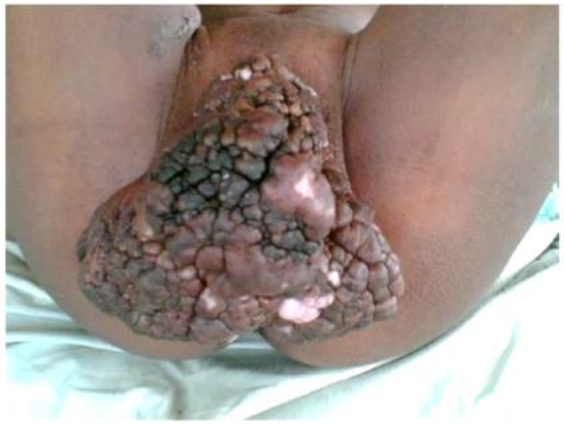
# VPH

- **Embarazo**

Mothers

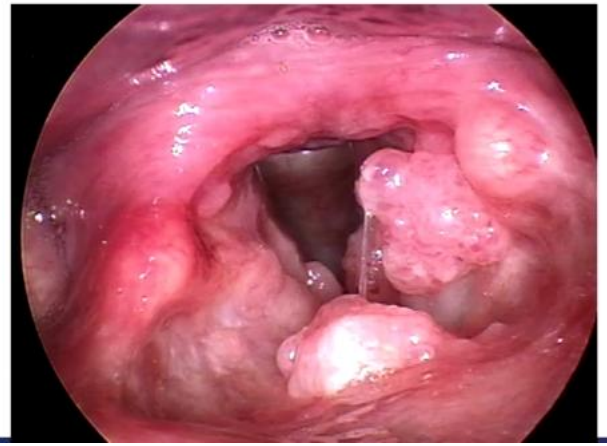
Massive proliferation, often difficult to treat

Obstruction of the birth canal→ C session indiacted



Infants

- Rare intrauterine infection
- Laryngeal papillomatosis



cryotherapy
curettage
electrosurgery
surgery

Cryotherapy has the advantages of being simple, inexpensive, rarely causing scarring or depigmentation, and is safe in pregnancy

Podophyllotoxin, podophyllin, 5-fluorouracil, sinecatechins and imiquimod should not be used during pregnancy (teratotoxic?!!)

JAMA Dermatol. 2020 Jan 8;156(3):303–311. doi: 10.1001/jamadermatol.2019.4315

**Association Between Fetal Safety Outcomes and Exposure to Local Podophyllotoxin During Pregnancy**

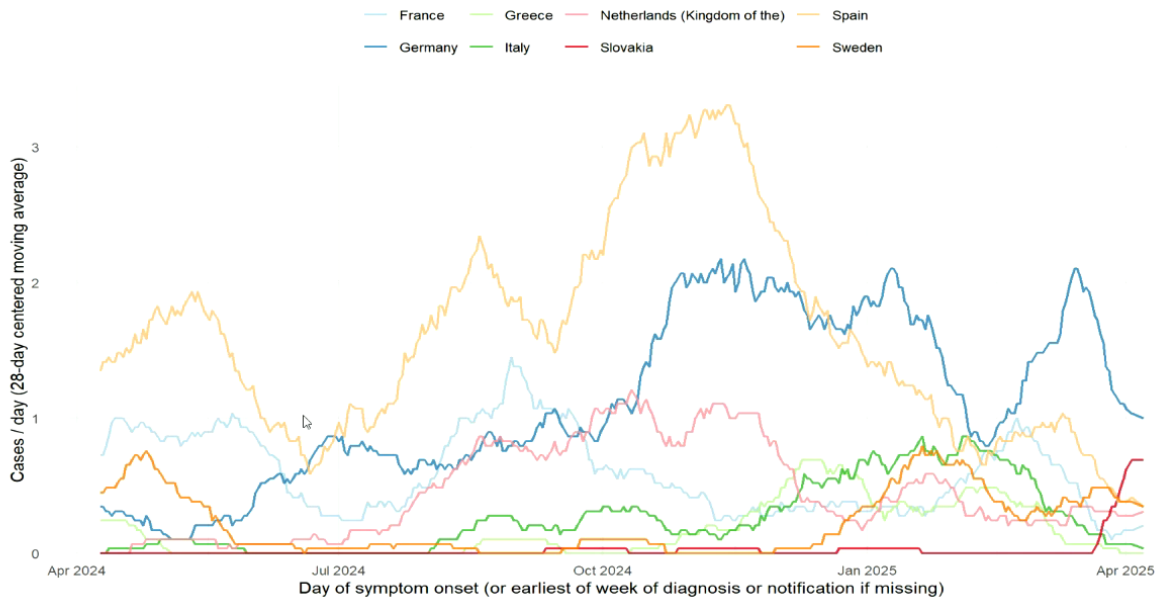
Niklas Worm Andersson [1,✉], Jon Trærup Andersen [1,2]

Author information · Article notes · Copyright and License information

PMCID: PMC6990942 PMID: 31913405

# MPOX

EACONGRESS



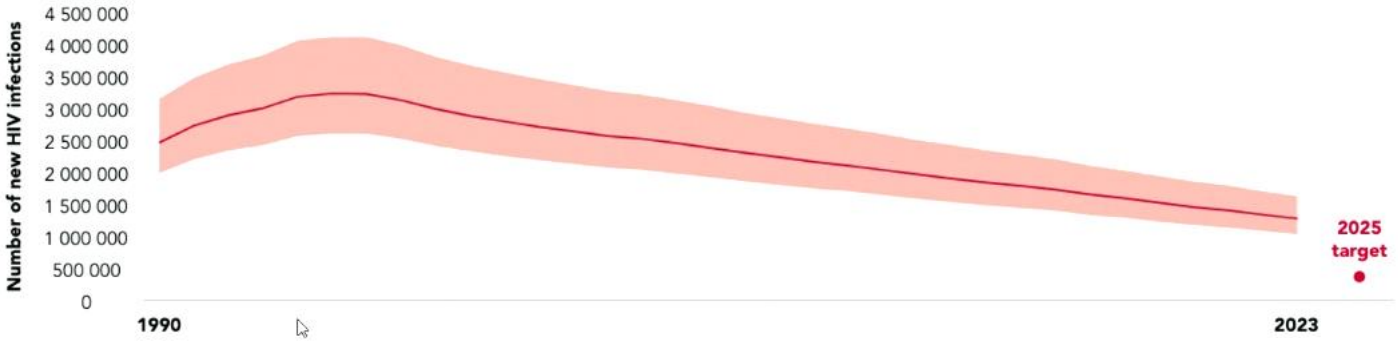

- Se ha vuelto **endémico**
  - Mismos factores riesgo que brote 2022
    - 88% ♂
    - 87% MSM
    - Media PS U1M: 3
    - 36% PrEP
    - 33% PLVIH
    - Contacto con mpox desconocido 78%
  - **¿Causas?**
    - Pacientes no vacunados (58% no vacunados en esta cohorte)
    - ↓ Ac inducidos por vacuna tras 3 meses post-vacunación
    - Portadores asintomáticos: hasta 6% HSH en recto portadores mpox


Rahi M. Lancet Reg Health Eur. 2024;47:101114. doi: 10.1016
Ferré VM et al Ann Intern Med. 2022;175:1491-1492.

# VIH

- **Epidemiología**

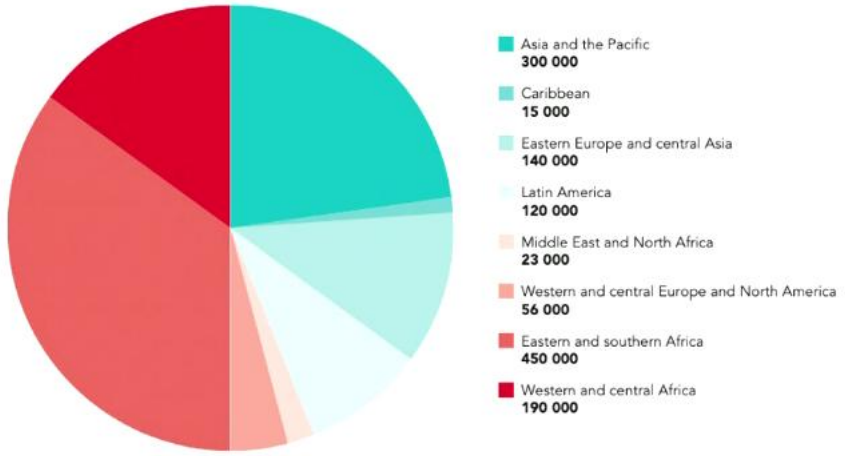
**Figure 0.1** Number of new HIV infections, global, 1990–2023, and 2025 target




Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

**More than half of new HIV infections in 2023 were outside sub-Saharan Africa**

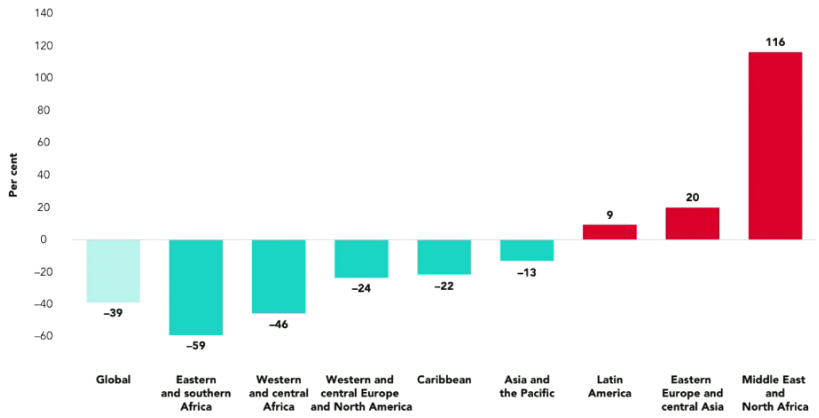
**Figure 1.1** Distribution of new HIV infections, by region, 2023




Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

**New infections are still increasing in some regions**

**Figure 1.3** Change in new HIV infections between 2010 and 2023, total population, by region




Source: UNAIDS epidemiological estimates, 2024 (https://aidsinfo.unaids.org/).

# PrEP

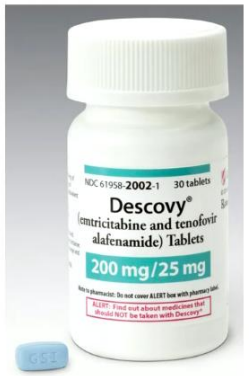
## OPCIONES ORALES

- **Regímenes**

### TRUVADA


Gilead

### DESCOVY




Gilead

### TDF/FTC generic


## OPCIONES TÓPICAS

### Dapivirina (anillo vaginal) /mes

**Table 4. Recommendations for Currently Approved Biomedical HIV Prevention by Type of Exposure[a]**

| Type of exposure | Daily TDF/FTC | On-demand ("2-1-1") TDF/FTC | Daily TAF/FTC | Every-other-month intramuscular long-acting cabotegravir[b] |
|---|---|---|---|---|
| Insertive anal/vaginal sex | ✓ | ✓ | ✓ | ✓ |
| Receptive anal sex | ✓ | ✓ | ✓ | ✓ |
| Receptive vaginal sex | ✓ | | | ✓ |
| Receptive neovaginal sex | ✓ | | | ✓ |
| Injection drug use[c] | ✓ | | | |
| Recommended for pregnant and breastfeeding women | ✓ | | | ✓ |
| Initiate with a double dose | ✓ | ✓ | | |
| Recommended for individuals with reduced creatinine clearance (30-60 mL/min) or who have osteopenia or osteoporosis | | | ✓ | ✓ |

Abbreviations: FTC, emtricitabine; TAF, tenofovir alafenamide; TDF, tenofovir disoproxil fumarate.

[a] Adapted from Gandhi et al.[2]

[b] Additional recommendations for long-acting cabotegravir: An optional 4- to 5-week oral lead-in is available before starting injections and is recommended for individuals with severe atopic histories or on request. The oral lead-in is not recommended for those who have difficulty adhering to daily oral dosing. Overlapping the first injection with 7 days of oral preexposure prophylaxis (PrEP) is recommended for maximal protection. Oral cabotegravir tablets are recommended for the overlap if an oral cabotegravir lead-in is used to initiate long-acting cabotegravir; otherwise tenofovir-containing oral PrEP can be used for the overlap. Providing a 1-month supply of tenofovir-based oral PrEP is recommended for injection delays exceeding 7 days. Administer gluteal injections at 600 mg, with the first 2 injections spaced 4 weeks apart and subsequent injections every 8 weeks. If injections are delayed by 8 weeks or more, resume with 2 injections 4 weeks apart before returning to the every-8-weeks schedule. If long-acting cabotegravir is discontinued but HIV protection is still required, transitioning to an alternative prevention method is recommended.

[c] Persons who inject drugs should also be assessed for sexual routes of exposure to HIV, and PrEP choice made considering that route of exposure as well (see text for the strength of the recommendations and quality of the data).

## OPCIONES INYECTABLES

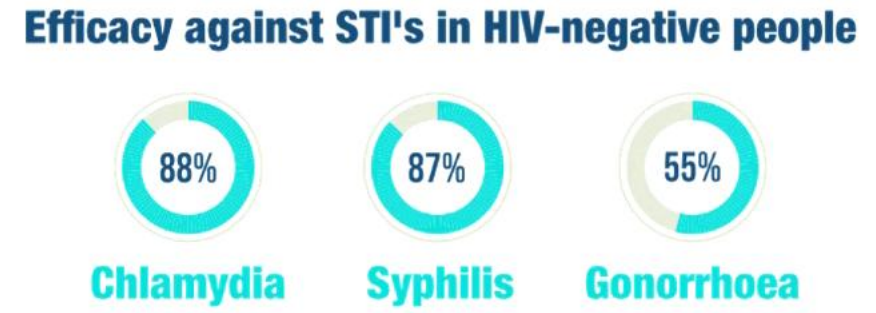

**Cabotegravir 600 mg IM/ 8 sem**

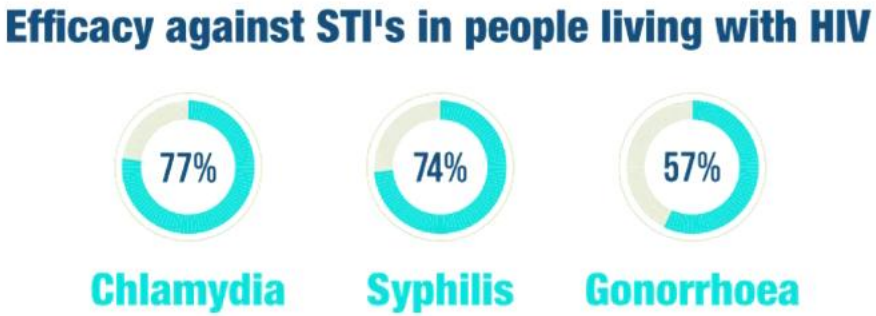
- **Estudios PURPOSE-1 & PURPOSE-2**


**Lenacapavir SC / 6 meses**

# Doxy-PEP

- **Eficacia**




- **Preocupación por inducción resistencias NG en Europa**

- **¿Qué ha pasado en EEUU?**

EACDV CONGRESS

**Impact of Doxy PEP on STI Rates San Francisco**

| STI | Change in Cases Post–Doxy-PEP, % per Mo | *P* Value | Change in Cases in November 2023, % (95% CI) |
|---|---|---|---|
| Chlamydia | -6.6 | < .0001 | -50 (38-59) |
| Early syphilis | -2.7 | < .0001 | -51 (43-58) |
| Gonorrhea | +1.8 | < .0001 | Not reported |

In *post*–doxy-PEP period, statistically significant **decreases** in observed cases of **chlamydia** and **early syphilis** vs model predictions

Approximate 50% decrease during the 13 mo after SF Department of Public Health guideline implementation

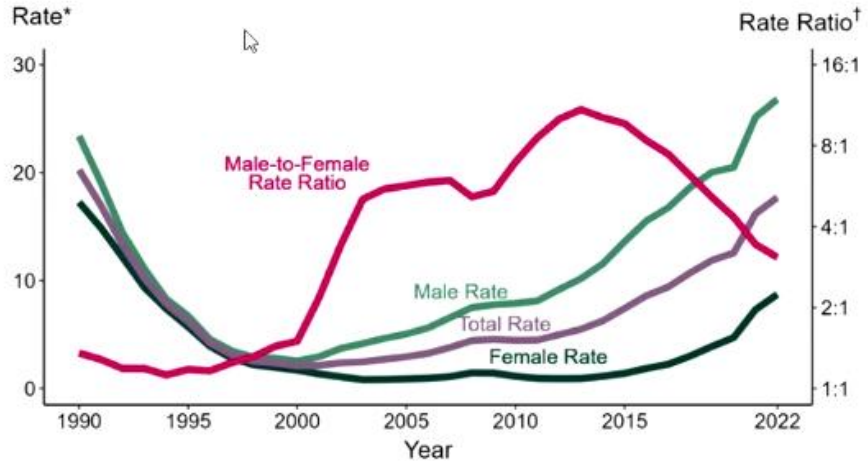
In *post*–doxy-PEP period, statistically significant **increase** in observed **gonorrhea** cases vs model predictions

In *pre*–doxy-PEP period, 1.8% per mo decrease vs model predictions

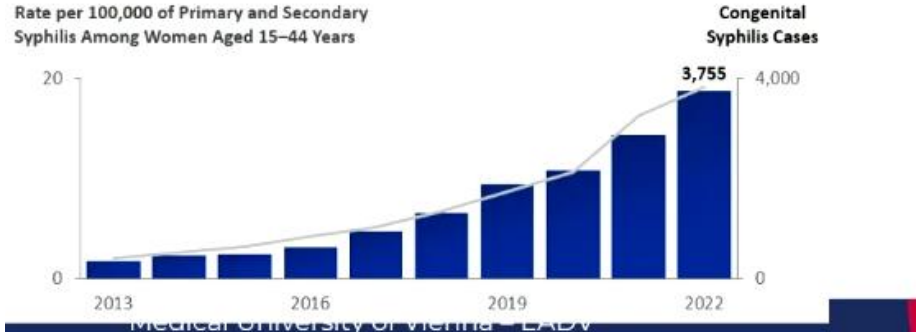
Sankaran, CROI 2024

# Doxy-PEP

**Primary and Secondary Syphilis — Rates of Reported Cases by Sex and Male-to-Female Rate Ratios, United States, 1990–2022**




**Congenital Syphilis Cases Increased 937% Since 2013**




## Doxy PEP Implementation

- Restrictive vs broad, eligibility (MSM, TGW)
  - Current guidelines inconsistent
  - Population vs individual
  - Antimicrobial stewardship
- Education of patients, providers
  - # Pills, syphilis serology, management of contacts to STI, women
  - Comprehensive sexual health services (primary prevention, vaccines, syndemic)
- Impact on microbiome
- Surveillance systems
  - Staph aureus colonization resistance
  - GC resistance
    - Clinical failure, culture for monitoring, alert for MIC >0.125 mg/ml, WGS

# Emerging role of *Klebsiella aerogenes* in facial folliculitis among men who have sex with men: a case report

Noelia García Muñoz, Alberto Saéz Vicente, Marta Folcrá González, Leticia Calzado Villarreal, Carolina Garrido Gutiérrez, Ricardo Valverde Garrido, Iolanda Prats Caelles.
Hospital Universitario Infanta Sofía, Dermatology, San Sebastián de los Reyes, Spain.

## Case report

A 23-year-old man who has sex with other men (MSM) presented with a three-year history of treatment-resistant beard folliculitis. He denied systemic symptoms, prior STIs, PrEP/PEP use, or animal contact, shaved with a personal electric razor, and occasionally used communal hot tubs. Oral doxycycline, topical clindamycin, and intranasal mupirocin were ineffective; partial improvement followed isotretinoin 20 mg/day for almost a year. Examination showed follicular erythema on the upper lip (only non-shaved area), a pustule at the right lateral margin, and an inflammatory papule on the right lateral chin. Pustular culture grew wild-type *Klebsiella aerogenes*; microscopy was negative for fungi. Blood work and immunologic studies were normal. Isotretinoin was continued, and ciprofloxacin 500 mg twice daily plus topical gentamicin 0.3% twice daily were initiated, guided by susceptibility testing. Hot tub use was discouraged. After 21 days of combined treatment, complete resolution occurred, with minimal residual erythema. Antibiotics were stopped, isotretinoin was tapered over six weeks, and no relapse occurred during a four-month follow-up.

## Discussion

*K. aerogenes,* formerly known as *Enterobacter aerogenes*, is a Gram-negative enteric bacterium found in both environmental and healthcare settings, historically associated with respiratory, urinary, and bloodstream infections. Its role in cutaneous disease—particularly among MSM—has only recently been recognized by two case series. In France, seven MSM with *K. aerogenes* beard folliculitis were treated with quinolones alone or combined with cotrimoxazole for 2–6 weeks, with several relapsing post-treatment. In Belgium, four MSM treated with cotrimoxazole for 1–2 weeks all relapsed within 10–30 days. Hot tub exposure was common in the French cohort but rare in the Belgian one; STI history was uncommon in both, and some patients had partners

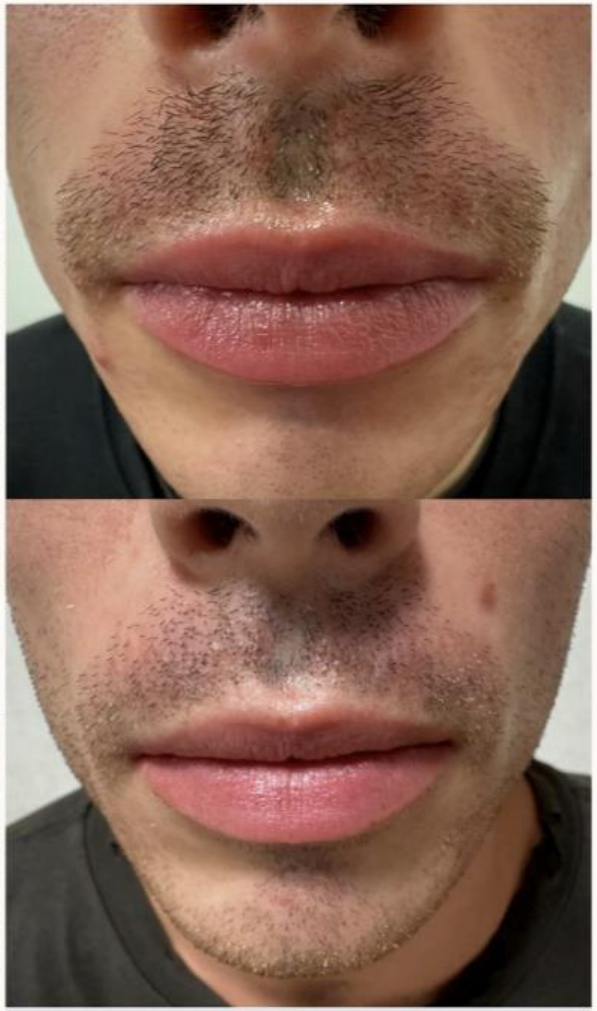


Figure 1. (A) At baseline, confluent follicular erythema on the upper lip and an inflammatory papule on the right lateral chin were observed. (B) After treatment and a 4 month follow-up, there was only faint central erythema

# ITS & ABUSO SEXUAL INFANTIL

EA DV CONGRESS

Otterman G et al., Lancet Reg Health Eur 2024

## Clinical guidelines

### Local guidelines

### Clinical care of childhood sexual abuse: a systematic review and critical appraisal of guidelines from European countries

*Gabriel Otterman,[a,*] Ulugbek B. Nurmatov,[b] Ather Akhlaq,[c] Laura Korhonen,[a] Alison M. Kemp,[b] Aideen Naughton,[d] Martin Chalumeau,[e] Andreas Jud,[f] Mary Jo Vollmer Sandholm,[g] Eva Mora-Theuer,[h] Sarah Moultrie,[i] Diogo Lamela,[j] Nara Tagiyeva-Milne,[k] Joanne Nelson,[l] and Jordan Greenbaum,[m] the COST Action 19106 Research Team*

Lancet Regional Health – Europe 2024 review: examined existing Child sexual abuse (CSA) National clinical practice guidelines (NCPGs) from European countries to assess their quality and reporting

| | | | | Max 11·0 Min 0 | Max 26·0 Min 0 | Max 4·0 Min 0 | Max 2·0 Min 0 | Max 4·0 Min 0 | Max 6·0 Min 0 | Max 12·0 Min 0 | Max 8·0 Min 0 | Max 9·0 Min 0 | Max 10·0 Min 0 | Max 9·0 Min 0 | Max 101 Min 0 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Moldova** Moldova, 2021 | Ministry of Health of the Republic of Moldova | Both | Sexual | 11·0 | 25·5 | 4·0 | 2·0 | 4·0 | 6·0 | 9·0 | 0·0 | 5·5 | 3·5 | 9·0 | 79·5 |
| **Germany** Blesken et al. 2022 | German Society for Child Protection in Medicine; AWMF Online Das Portal der wissenschaftlichen Medizin | Child | Sexual and other | 8·5 | 17·0 | 2·0 | 1·0 | 1·5 | 2·0 | 9·5 | 6·5 | 6·0 | 6·0 | 9·0 | 69·0 |

- Variabilidad en las guías
- ¡Necesario Guías Europeas!
- **<10% niños** con sospecha de abuso se Dx por presentar una ITS
- Patógenos indicativos de abuso si Dx pasado el periodo neonatal (28 primeros días vida)
  - Gonorrea
  - Clamidia
  - Trichomonas
  - Sífilis no congénita
  - VIH no congénito
- VHS y VPH interpretación más compleja por posible transmisión no sexual
- Siempre obtención muestras (cadena de custodia)
- IMP! Manejo multidisciplinar y por parte de expertos

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**H. Clínic STI Team**:
JL Blanco, G. A Català, I. Fuertes, D. García, A. González, V. Guilera, J. Riera, E. Solbes

**alcatala@clinic.cat**

2025 AEDV Highlights

34ª edición
17-20 sep
PARÍS

Brilla el futuro de *la dermatología*,
donde nace *la luz*

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**La Academia Española de Dermatología y Venereología expresa su agradecimiento al patrocinador UCB, por su especial apoyo y contribución con la actividad formativa Highlights 2025.**