

DIAGNOSING LYMPHOGRANULOMA VENEREUM: A MAN TAKING HIV PRE-EXPOSURE PROPHYLAXIS PRESENTING WITH PENILE ULCERATION AND INGUINAL SYNDROME

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Background/Purpose: Early *Lymphogranuloma venereum* (LGV) diagnosis is essential to prevent morbidity and complications. Although mostly associated with proctitis among gay men in Australia, genital ulceration and inguinal syndrome in HIV-positive and (more recently) HIV-negative men taking Pre-Exposure Prophylaxis (PrEP) have been described.

Approach: A 35 year old man taking PrEP attended with a painful penile ulcer (coronal sulcus, 10 day duration) and an enlarging left groin lump, without other anogenital or systemic symptoms. Most recent sex (insertive anal, casual male partner, condomless) occurred 18 days earlier in Thailand. He reported 6 partners in the previous 3 months (Thailand, Australia). Background included past treated Syphilis (9 months previously). Examination revealed a non-indurated ulcer (10mm diameter) with peripheral erythema and slough (ulcer base) and a tender, non-fluctuant left inguinal mass (30x30mm) with no erythema. There were no other signs of Syphilis.

Outcomes/Impact: Benzathine Penicillin (1.8g intramuscular statim) was given empirically for Primary Syphilis. 3 days later, the ulcer remained unchanged. A similar, smaller (2x2mm) ulcer had appeared near the frenulum. The mass was larger (60x70mm), tender but non-fluctuant. *Chlamydia trachomatis* and *Neisseria gonorrhoeae* Nucleic-Acid Amplification Tests (NAAT-throat, rectal, first-void urine), HIV, Hepatitis C, Syphilis Rapid Plasma Reagin and Herpes and Syphilis NAAT (ulcer) returned non-reactive. *C.trachomatis* NAAT (ulcer) returned reactive and was referred to a reference laboratory for reflex LGV testing. Doxycycline (100mg,12-hourly,21 days) was commenced. LGV (ulcer) returned reactive. Inguinal lymph node histopathology/culture revealed granulomatous inflammation (*C.trachomatis* NAAT non-reactive). Symptoms resolved by day 10 of therapy.

Innovation/Significance: The clinical face of LGV in Australia may be changing. Amid Chlamydia increases among men taking PrEP, transmission dynamics may warrant investigation. While LGV remains a relatively uncommon cause of genital ulceration, certain features and factors should prompt early/initial *C.trachomatis* and LGV testing (recollection or reflex-testing where available) facilitating prompt diagnosis, management and partner-notification.

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