

LYMPHOGRANULOMA VENEREUM IN THE ERA OF PREP: ARE WE HEADING FOR ANOTHER EPIDEMIC?

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Background:

Lymphogranuloma venereum (LGV), caused by *Chlamydia trachomatis* serovars L1-3, continues to affect gay and bisexual men (GBM) worldwide.

Methods and results:

LGV notifications in New South Wales (NSW) spiked in 2010, and, after falling to low levels over subsequent years are again on the rise. A review of the current local and global epidemiology of LGV in the era of HIV pre-exposure prophylaxis will be presented. The various clinical presentations, recent data on non-anorectal LGV and recommended therapy will be discussed.

Conclusion:

LGV is important to distinguish from non-LGV *Chlamydia trachomatis* because of its frequently severe clinical presentation and sequelae, the need for a longer course of antibiotic therapy and the possible consequence of enhanced HIV and Hepatitis C transmission. With rising LGV notifications in NSW, it is particularly important that non-sexual health clinicians to whom these patients may present are aware of the indications for LGV testing, especially in sexually active GBM presenting with anorectal symptoms.

Disclosure of Interest Statement:

I have no conflicts of interest to disclose