

ANORECTAL LYMPHOGRANULOMA VENEREUM: THE FIRST TWO CONFIRMED CASES IN PORTUGAL

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We describe two cases of lymphogranuloma venereum (LGV) in men who have sex with men in Portugal in 2008. These first two confirmed cases of LGV L2b proctitis in Portugal highlight the need for an enhanced surveillance programme in Portugal.

Lymphogranuloma venereum (LGV) is a sexually transmitted infection (STI) caused by *Chlamydia trachomatis* serovars L1 to L3, which are endemic in tropical regions. However, since 2003, an outbreak of anorectal LGV has emerged in Western Europe [1-4] and in non-Europeans countries [5-7] in men who have sex with men (MSM).

In April 2008, we analysed rectal exudates, urine and blood specimens from two MSM, both infected with human immunodeficiency virus (HIV), that were suspected of having LGV. Both patients presented with an anorectal syndrome. They also had tenesmus and ulcerative lesions, but one of them also suffered from constipation and fever, while the other had inguinal lymphadenopathy and a past infection with *Treponema pallidum*. They were not co-infected with other STIs than LGV and HIV.

One patient was of Portuguese nationality and the other a Brazilian citizen. Both were residents in Portugal and acquired the infection in this country, since they had not travelled abroad six months prior to infection.

IgG antibodies against *C. trachomatis* were high (1:10,000) in both patients, as determined by indirect immunofluorescence (Euroimmun AG, Lübeck,) and *C. trachomatis* serovar L, was identified by real-time polymerase chain reaction (PCR) [8] in the two rectal exudates. Urine samples were negative. The presence of serovar L2b was confirmed by sequencing after amplification of the *omp1* gene by a nested PCR technique [9].

In accordance with the definition of LGV cases [1], the referred patients were confirmed to have LGV infection with the L2b serovar of *C. trachomatis*.

LGV outbreaks have been reported in many countries in Europe, the United States, Canada and Australia [1-7]. In some of these countries, successful enhanced surveillance programmes have been launched, for instance in France [4], the Netherlands [10], and the United Kingdom [3]. Portugal has no surveillance programme; most laboratories do not test for LGV, and not all rectal samples are genotyped.

To our knowledge, these are the first two cases of LGV L2b proctitis described in Portugal. Other cases of LGV have been described in Portugal [11], but those patients had no LGV symptoms and *C. trachomatis* serovar L was only identified in urogenital samples, in contrast to the LGV rectal presentations presently emerging in western Europe.

We therefore feel that there is an urgent need for an enhanced surveillance programme to be launched in Portugal, with a view to alerting clinicians to include LGV in the differential diagnosis of proctitis – especially in HIV-infected MSM. It is equally necessary to inform high risk populations of the signs and symptoms of LGV and of its risks of transmission in view of preventing dissemination of the disease.

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