Asymptomatic lymphogranuloma venereum in known HIV positive MSM: is it more common than we think?

Mr Daniel Ward¹
Dr Meg Boothby²
Dr Penny Goold²
Dr Emma Hathorn²

¹University of Birmingham, UK
²Whittall Street Clinic, University Hospitals Birmingham NHS Foundation Trust, UK
Lymphogranuloma venereum (LGV) is

- caused by the L-serovars of *Chlamydia trachomatis* (CT)
- hyperendemic in men who have sex with men (MSM) in the UK
- associated with significant morbidity
  - proctocolitis
  - lymphadenitis and buboes → genital lymphoedema
  - rectal cancer\(^1\)
- associated with concurrent sexually transmitted infections (STI)\(^2\)
Background [2]

Sexually Transmitted Bacteria Reference Unit (STBRU) recommends testing for LGV in men

- Diagnosed with rectal CT by nucleic acid amplification test (NAAT) AND
- Symptomatic OR
- Direct contact of LGV

BUT recent UK studies have suggested asymptomatic LGV infection may be more common than previously reported (0.9% in 2008 - 20% in 2012)

STUDY AIM

To evaluate testing practice for LGV infection in MSM attending a large inner city sexual health and HIV clinic
Methods

- Participants identified by a search of the electronic patient record (EPR) system
  - 1st October 2010 to 30th June 2014
  - Diagnosed with rectal CT using NAAT (Gen Probe Aptima Combo 2)
  - MSM

- Data collection
  - Retrospective review of EPR
  - Clinical presentation, concurrent sexual infection, HIV status, diagnosis of LGV, treatment, contact tracing
Results: Overview

- 583 MSM positive rectal CT NAAT
  - 173 known HIV positive (29.7%)
  - 118 LGV requested (20.2%)
    - 54 known HIV positive (45.8%)
      - 32 positive (27.1%)
        - 26 known HIV positive
          - 27 symptomatic
            - 21 known HIV positive
          - 5 asymptomatic
            - 5 known HIV positive
      - 10 result NA* (8.5%)
      - 76 negative (64.4%)
        - 48 known HIV positive
          - 18 symptomatic
            - 10 known HIV positive
          - 58 asymptomatic
            - 33 known HIV positive
  - 465 LGV not requested
  - 0 known direct contacts of LGV

*NA not available
* Sample inadequate for testing or result not documented
Results: Adherence to guidelines

- 66% in line with national guidelines
- 24 of 70 (34%) patients NOT screened for LGV despite reporting anorectal symptoms
- 86% in line with national guidelines
- 72 of 513 patients (14%) screened out of line with current guidance
Results: Concurrent STI

40.6% of MSM with LGV infection had a concurrent STI
Results: Summary

- 81% of LGV infection was diagnosed in known HIV positive MSM
  - Consistent with recent national epidemiology (83%)
- 41% of MSM diagnosed with LGV infection had a concurrent STI
- 16% of confirmed LGV infection was asymptomatic at diagnosis
  - Comparable to most recent UK case-finding study
- All asymptomatic infection was identified in HIV positive MSM
- All HIV negative MSM with LGV infection were symptomatic
Limitations

- Small numbers

- Retrospective data collection

- Do not screen asymptomatic MSM for LGV in routine practice
  - Therefore the true number of asymptomatic cases of LGV is likely to be even higher
Conclusions

- Supports the strong association between LGV and HIV

- We are not correctly following national LGV testing guidelines
  - Testing asymptomatic patients
  - Not testing all symptomatic patients with known rectal CT

- Incidence of asymptomatic infection in HIV-positive MSM may be higher than previously thought

- Studies needed to identify if routine screening for LGV in asymptomatic HIV-positive MSM is warranted