

Outbreak of rectal Lymphogranuloma venereum in France



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Background

- Lymphogranuloma venereum (LGV), a sexually transmitted infection (STI) caused by Chlamydia trachomatis (CT) serovars L1, L2, or L3, is prevalent in tropical areas but occurs sporadically in the western world where most cases are imported.
- In 2004, an outbreak of 15 rectal LGV cases among men having sex with men (MSM) was reported in the Netherlands.
- Concomitantly, a rise in CT proctitis was observed in France.

Methods

- Retrospectively, all stored rectal specimens found positive from January 2002 to April 2004, for CT by PCR in three Paris laboratories or in the CT national reference centre were genotyped.
- Epidemiological information was retrospectively obtained by clinicians through review of medical records, telephone interview or both, for the 14 first LGV-cases
- Prospectively, from April 2004 onwards, all the PCR rectal positive samples isolated in men in 5 STI clinics in Paris and in the CT national reference centre located in Bordeaux were genotyped and cases were recorded at the Institut de veille sanitaire

Results

- From January 2002 to November 2004, 123 cases of rectal LGV were diagnosed mainly in the Paris area (118 cases).
- Three cases were observed in 2002, 18 (13 cases in the last quarter) in 2003 and 102 cases in the first 11 months of 2004.
- Epidemiological information were obtained from the first 14 patients with rectal LGV. All were MSM reporting unprotected anal sex with anonymous male sex partners in France; none reported a stay in an endemic LGV area. Their mean age was 40 years (range: 31-52); eight were HIV-infected and nine had another, concomitant STI. The mean duration of symptoms before LGV diagnosis was 50 days (range: 11-120). All had symptoms of acute proctitis including rectal pain, discharge and tenesmus, and three (all HIV-infected) had fever. Deep, extended rectal ulcerations were reported in eight patients, three of whom were HIV-infected and had lesions suggestive of rectal carcinoma. In one patient in whom a late diagnosis was made 4 months after the onset of symptoms, a rectal tumor-like stricture was observed.
- In the prospective surveillance, mean duration of symptoms before LGV was 15 days.

Sexual Orientation	ALL MSM
Median Age (range)	40 (31-52)
Median duration of symptoms	50 days (11-120)
HIV-positive	8/14 (57 %)
Anorectal signs or symptoms	ALL
Genital ulcer & Inguinal adenopathy	0
Other STI last 12 months	9/14 (64 %)

Table: Characteristics of the 14 first LGV cases-France

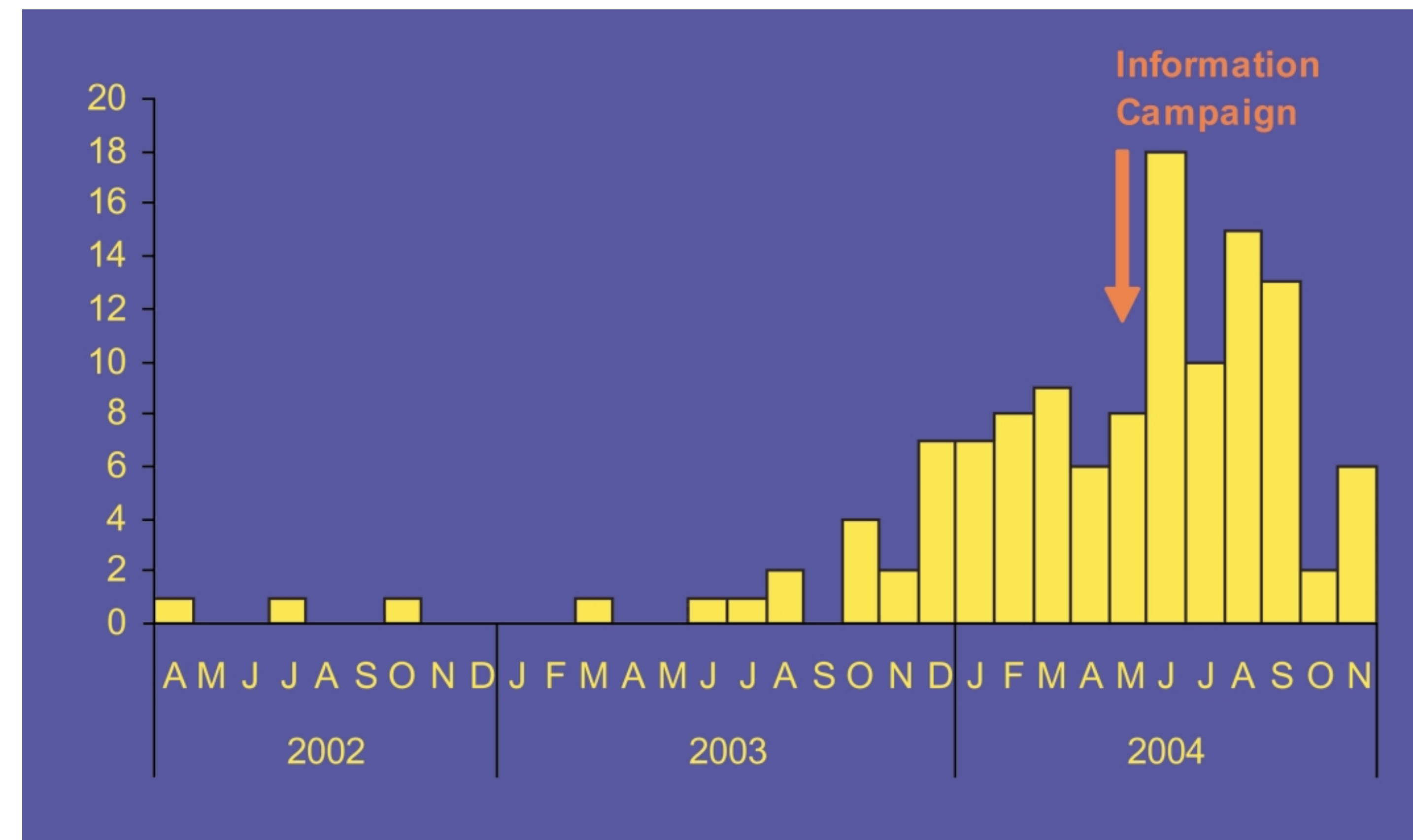


Figure: Number of rectal lymphogranuloma venereum in France- 2002/2004

Discussion

- Because clinicians and microbiologists were not aware of this emergence an information campaign was launched in April 2004. Subsequently the mean duration of symptoms before diagnosis decreased from 50 to 15 days.
- Few STI clinics are involved in this sentinel surveillance, the number of cases observed is probably underestimated
- Diagnosis may be further hampered because rectal LGV may mimic other conditions such as rectal carcinoma or Crohn's disease.
- Appropriate treatment and contact must be given to prevent re-infection and to eliminate a potential reservoir.
- Rectal LGV emergence among MSM, mainly HIV-infected, have occurred in many European countries including Belgium, Germany and UK as well as in San Francisco
- This is a serious concern for the gay community in Europe. Screening for LGV and other STI's in HIV-infected MSM is paramount to prevention and control.