

Chlamydia trachomatis serovars involved in lymphogranuloma venereum infections of men who have sex with men (MSM) and transgender women (TGW) in Buenos Aires, Argentina.

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Background

In Argentina, the first reports of lymphogranuloma venereum (LGV) occurred in 2018. Since then, new cases have occurred mainly in MSM living with HIV. This study aims to describe the sociodemographic, clinical characteristics and serovars involved in LGV diagnosis among MSM and TGW in Buenos Aires, Argentina.

Methods

Retrospective review of the LGV cases assisted at a research site that provides HIV prevention and treatment services in Buenos Aires, Argentina (March 2019-November 2023). LGV diagnosis was made in first void of urine, rectal and/or ulcer swabs by sequencing a fragment of the ompA gene among samples with previous positive *Chlamydia trachomatis* PCR. We collected data regarding age, gender, educational level, HIV pre-exposure prophylaxis (PrEP) use, concomitant sexually transmitted infections (STIs) and substance use at the time of LGV diagnosis.

Results

Twenty-eight cases of LGV were diagnosed in the study period: 25 (89%) among MSM and 3 (11%) in TGW, median age was 33 years (IQR 27.8-42): 76% completed tertiary education, 52% reported substance use (mainly poppers and cannabis). Regarding concomitant STIs, 8 had HIV diagnosis (4/8 recent diagnosis), 4 had syphilis, 4 gonorrhea, 5 resolved HBV infection and 1 active HCV. Among HIV negative (20, 71%), 95% were on PrEP. Anatomic location was rectal (93%) and genital (7%); 93% were symptomatic (Figure 1). We detected 3 serovars: L1 (46.4%), L2b (17.9%) and L2 (35.7%). We found a statistical association between serovars and type of population, HIV status and anatomic location (see Figure 2). Serovar L1 was most frequently found in HIV negative MSM and serovar L2b was the only serovar present in genital LGV.

Figure 1. Clinical Manifestations of LGV

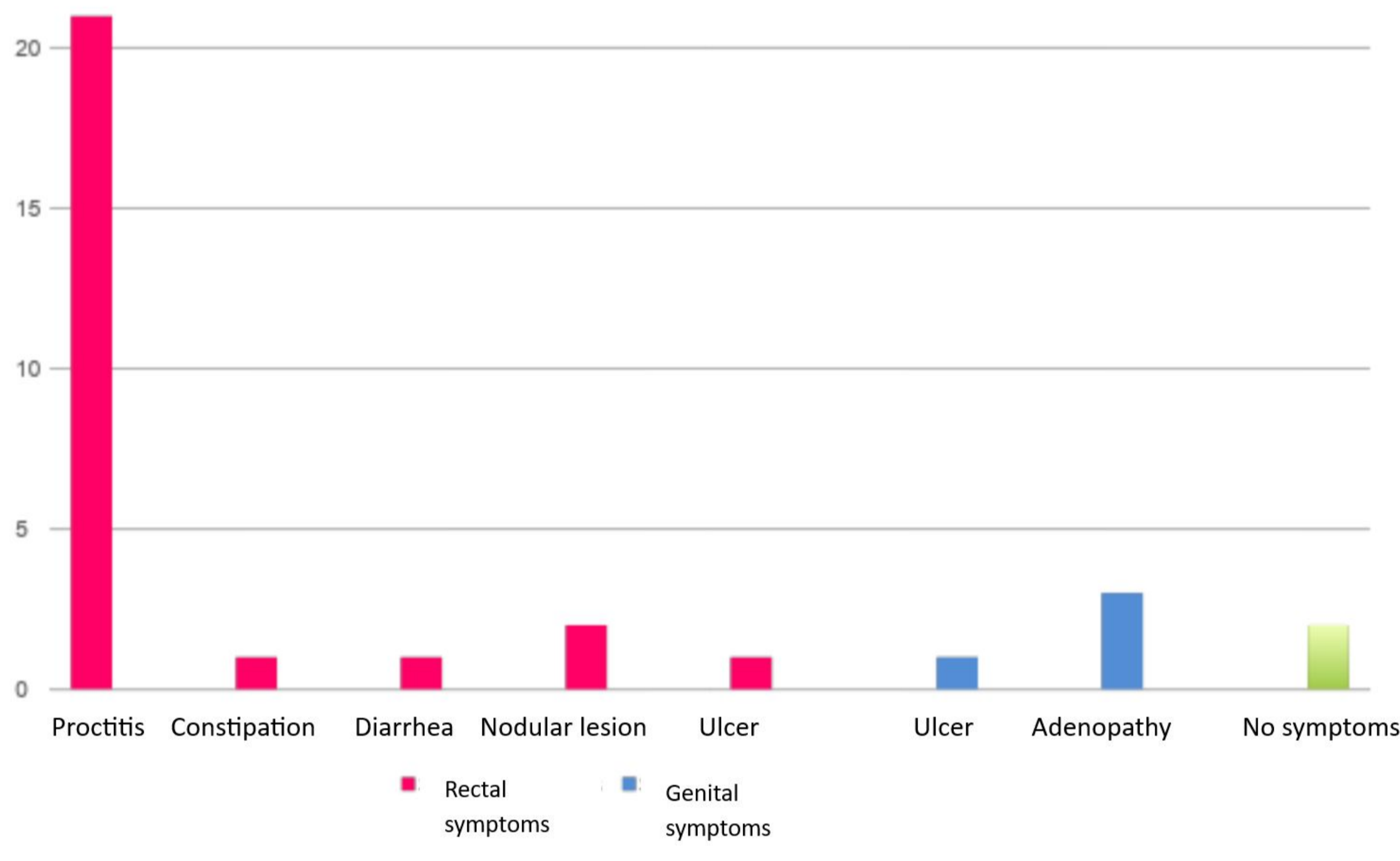
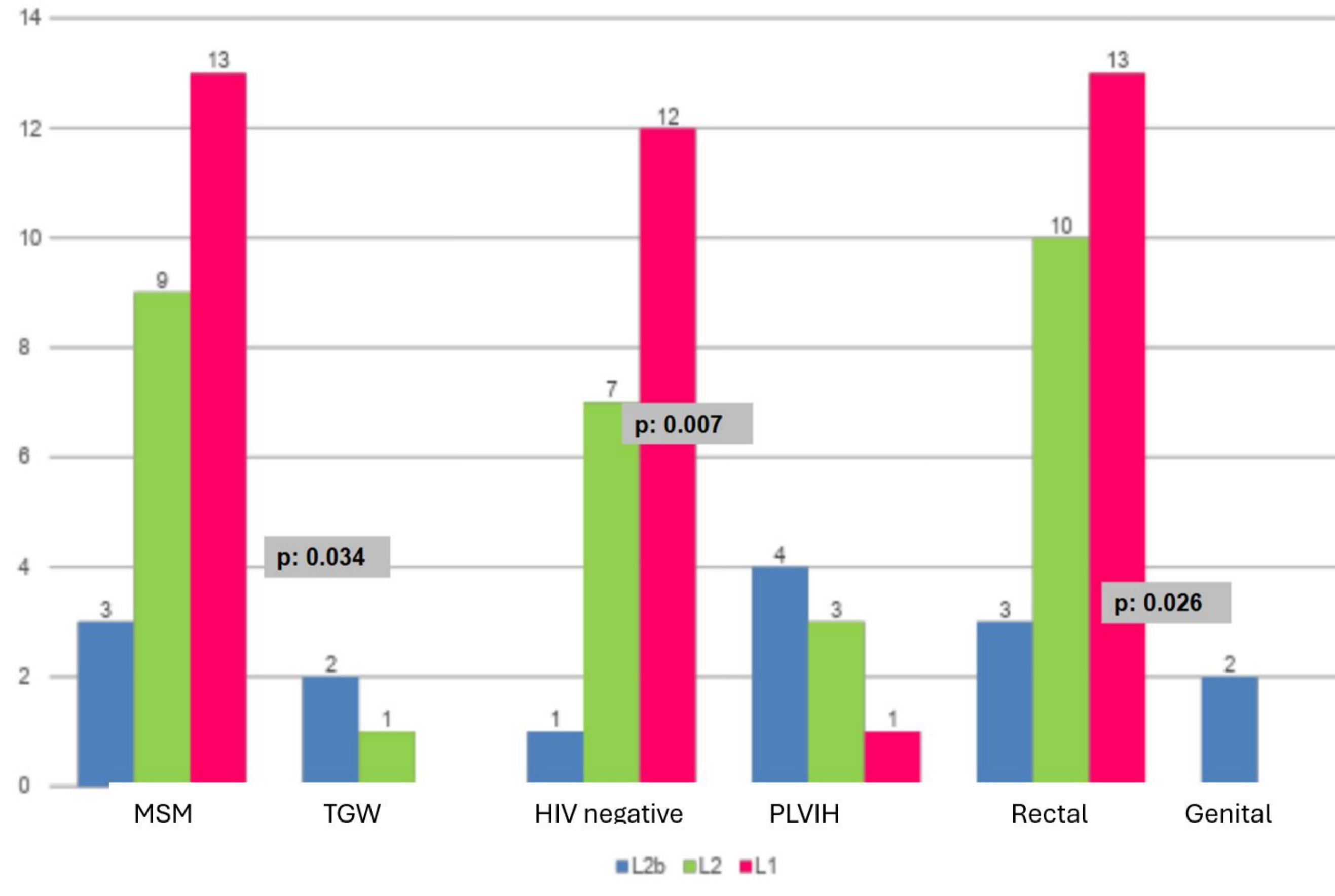


Figure 2. Associations between serovars and variables



Conclusions

In our population most LGV were diagnosed in PrEP users, among these L1 was the prevalent serovar. L2b was more frequent in people living with HIV and in genital location. Rectal involvement was the most frequent location among all serovars. Clinical suspicion and regular screening among PrEP users is important to avoid delay in diagnosis, prevent complications and stop transmission.