A Case Report of Lymphogranuloma Venereum Co-Infected with HIV

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1. Introduction

Lymphogranuloma venereum (LGV), a sexually transmitted disease caused by Chlamydia trachomatis L1, L2, L3 serovars, is uncommon with a prevalence of upto 6% and incidence ranging from 0.2 to 11.5% ¹. Here we report a case of LGV co-infected with HIV.

2. Case Report

A 50 year old married man presented to the Outpatient Department with the complaints of swelling over the right inguinal region since one month. He gives positive history of mild fever and myalgia. He denied history of trauma, urethral discharge, genital sore, joint pain, skin rash, drug intake, urinary complaints, abdominal pain, rectal discharge, cough and ocular complaints. He reported unprotected sexual exposure outside his marriage.

Examination revealed a 5x2 centimetre, solitary, well defined, dark-brown oval swelling over the inguinal ligament at the junction of medial one-third and lateral two-third with smooth surface. On palpation, local rise of temperature was present and the swelling was firm in consistency, fixed to the underlying structure and overlying skin.





Differential diagnosis of LGV, chancroid, syphilis and tuberculosis was considered.

Investigations revealed a normal CBC, LFT, RFT, Urine routine and tested positive for HIV 1 and 2. The pathologist, on performing FNAC, advised to further workup on LGV. Thereafter, we sent for Chlamydia antibody panel which tested positive for Chlamydia trachomatis with significant titre.

Patient was referred to the hospital's ART centre for counselling and management of HIV infection. Simultaneously, patient was started on Doxycycline100mg twice daily for three weeks. He responded to treatment.

3. Conclusion

LGV is generally considered uncommon, but there have been reports of outbreak in the western world since 2003². Hence, clinicians should have a high index of suspicion for LGV when assessing patients with inguinal swellings.

References

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