

eP711

Abstract (eposter session)

**Late stage lymphogranuloma venereum (LGV) in a woman in Europe**

M. Lazaro, P. Mejuto, M. Valls- Mayans, B. Lorenzana, A. Rodriguez-Guardado\* (Oviedo, Barcelona, ES)

Introduction: Lymphogranuloma venereum (LGV) is a sexually transmitted infection caused by *Chlamydia trachomatis* serovars L1-L3. Chronic progressive lymphangitis is called “esthiomene”. We report the first case of ‘esthiomene’ due to *Chlamydia trachomatis*, L2 serovar, in Europe. Case report A 32-year-old, caucasian Spanish woman. Nothing to mention about her personal past and medical history. She had a Spanish stable partner for 6 years and she had not traveled abroad. In January 2010 she developed a vulvar abscess with multiple fistulas that improved with clindamycin. Six months later the patient was readmitted for vulvar abscess and multiple fistulas. Treatment was initiated with doxycycline 100 mg/12 hours and azithromycin 500mg/24 hours, for 3 months, which resulted in the closure of fistulas. Later on, and on several occasions, due to reappearance of fistulas, she was treated with azithromycin and doxycycline, which resulted in an improvement without definitive closure. In September 2011, the patient was referred to Tropical Medicine Unit of Hospital Universitario Central de Asturias. Physical examination revealed lymphoedema of vulva, affecting mons pubis, labia majora and minora with several fistulous openings connected to each other. The lower third of the vagina showed mucosal fibrosis with a cobblestone appearance. Hepatitis B, C, HIV, HTLV and syphilis antibodies were negative. Polimerase chain reaction and culture for CMV, herpes virus 1 and 2, varicella human papillomavirus L1 virus, mycobacterias, and bacterial cultures, were negative. *Chlamydia trachomatis* was detected by PCR (Cobas Taqman CT system; Roche Diagnostic Systems, Branchburg, NJ). Genotyping and alignment of amplicon sequences (Clustall-W2 program) identified a L2 genotype, no b. The patient was diagnosed with LGV in tertiary stage and treated with a combined therapy that included doxycycline 100 mg/12 h and azithromycin 500 mg/24h and surgical resection for 3 months. The patient recovered completely, and PCR for *C.trachomatis* from a new vulvar biopsy, performed three months after the surgery, was negative. Conclusions: This case presented local complications of the tertiary stage of LGV. The extensive involvement in this case of the perineum mandated surgical, as well as medical therapy. LGV has rarely been seen in Europe and the case presented is an exceptional one. This case, does not seem to be related with the LGV strain circulating among homosexual men.