

Treatment Outcomes for Rectal Lymphogranuloma Venereum in Men Who Have Sex with Men: A Review of Clinical Cases



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Background:

- Lymphogranuloma venereum (LGV) is a re-emergent sexually transmitted infection among men who have sex with men (MSM) since initial reports in the early 2000s.
- Treatment recommendations for rectal LGV in MSM have largely been based on expert opinion as published studies on treatment outcomes for rectal LGV in MSM have been limited in number and by the number of cases in those studies.

Aim:

To expand the evidence base for antibiotic treatment options for rectal LGV we undertook a retrospective study in our centre that examined outcomes following treatment of MSM with rectal LGV using doxycycline or azithromycin or a combination of these agents.

In a nutshell:

Cure rate: 14/15 (93%, 95% Confidence interval(CI): 70-99)

Azithromycin 1 g stat followed by Doxycycline 100 twice daily 21 days

14/14 (100%, 95% CI: 78-100)

Doxycycline 100 mg twice daily 21 days and concurrent Azithromycin 1 g stat

9/9 (100%, 95% CI: 70-100)

Doxycycline 100 mg twice daily 21 days

5/7 (71%, 95% CI: 36-92)

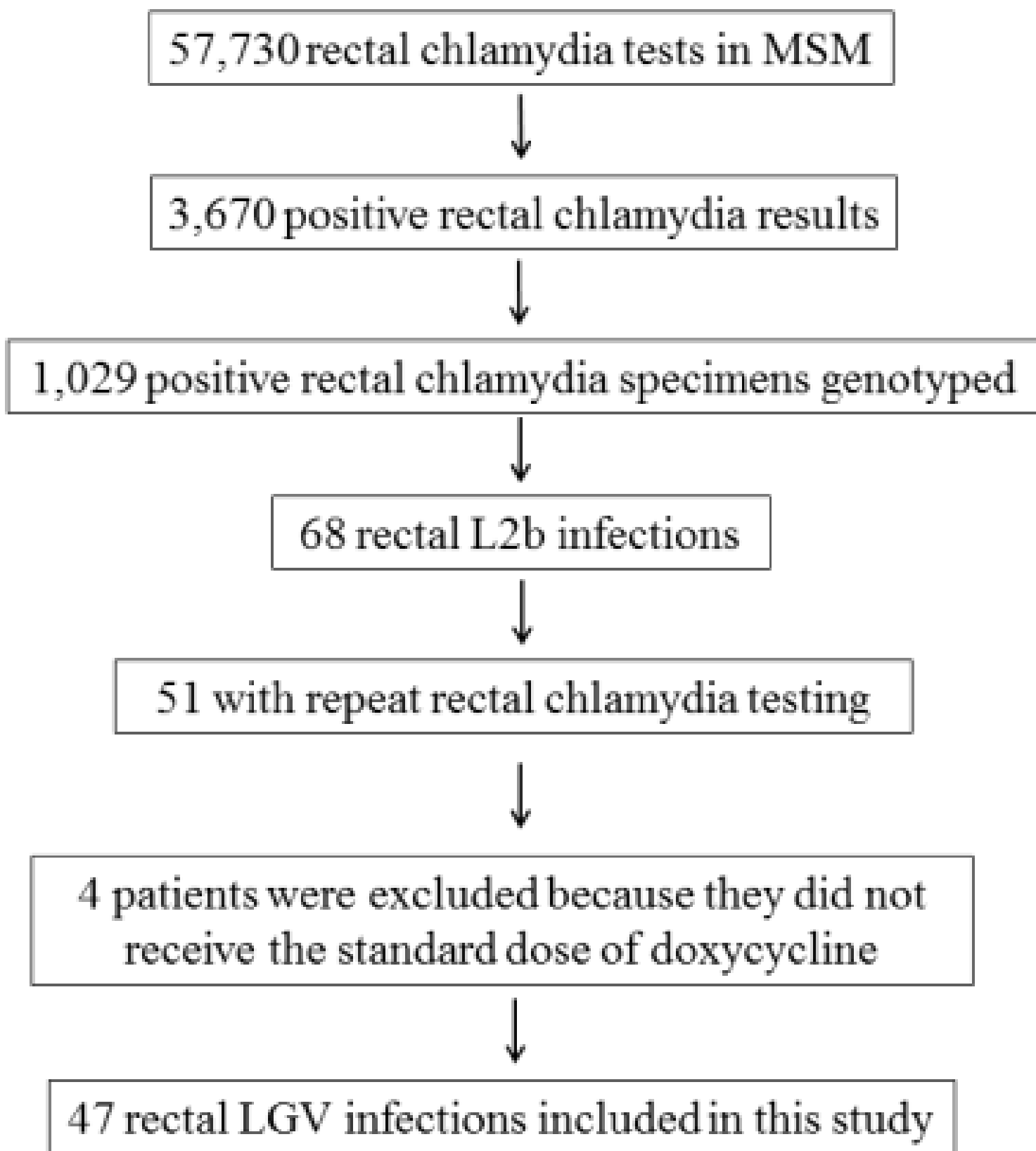
Azithromycin 1 g stat

2/2 (100%, 34-100)

Azithromycin 1 g weekly 3 weeks

Methods

- Audit of all MSM attending MSHC between 2005 and 2015
- LGV genotyping from anal swabs in all MSM with proctitis or HIV
- This study included men with confirmed rectal LGV who had repeat testing for chlamydia (using nucleic acid amplification tests) 3 months later



Key demographics

- Median age 40 years (interquartile range 33-45)
- 83% were HIV +ve
- 9% had hepatitis C
- 17% Asymptomatic
- Among those with symptoms (median duration 10 days, IQR 6-21)
 - 70% rectal pain
 - 49% rectal bleeding
 - 40% anal discharge
 - 26% anorectal ulceration
 - 9% inguinal lymphadenopathy

In more detail,

Table 1: Treatment outcomes for rectal LGV using doxycycline 100mg twice daily for 21 days and/or azithromycin 1g

	Doxycycline 100 mg twice daily for 21 days (n=9)	Doxycycline 100mg twice daily for 21 days with concurrent azithromycin 1g (n=14)	Azithromycin 1g followed by doxycycline 100mg twice daily for 21 days* (n=15)	Azithromycin 1g single dose (n=7)**
HIV infection	7 (78%)	10 (71%)	14 (93%)	6 (86%)
Clinical presentation				
- Asymptomatic	1 (11%)	2 (14%)	2 (13%)	2 (29%)
- Symptomatic proctitis	8 (89%)	12 (86%)	13 (87%)	5 (71%)
Median duration of symptoms (days)	21	12	12	6
Negative repeat anal chlamydia test	9/9 (100%; 95% CI 70 to 100%)	14/14 (100%; 95% CI 78 to 100%)	14/15*** (93%; 95% CI 70, 99%)	5/7 (71%; 95% CI 36-92%)
Median time to negative repeat test (days, IQR)	92 (71, 136)	90 (43,137)	76 (46,162)	35 (25,165)

*The median time between initial azithromycin 1 g and commencement of doxycycline was 16 (IQR 7, 22) days.

**2 men not included in this table were treated with azithromycin 1 g oral weekly for 3 weeks and both had negative repeat testing

***One man who had positive repeat rectal testing for LGV reported persistent rectal bleeding and condomless anal sex behaviour between treatment and repeat testing.

Conclusion:

- When Doxycycline 100 mg bd 21 days was used (either alone or together with Azithromycin), the microbiological cure was 37/38 (97%, 95% CI: 87-100)
- Azithromycin 1 g weekly for 3 weeks may be an alternative although limited by small numbers in our study

FOR MORE INFORMATION:

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