

## IUSTI–E Scientific Advisory Council

### Topic Report 2016      Lymphogranuloma Venereum

**Rapporteurs: Henry de Vries and Bertille de Barbeirac**

#### Advances in the field 2015-16

1. 27% of the LGV infections in the UK is asymptomatic (Asymptomatic Lymphogranuloma Venereum in Men who Have Sex with Men, United Kingdom. Saxon C, Hughes G, Ison C; UK LGV Case-Finding Group. *Emerg Infect Dis.* 2016 Jan;22(1):112-6. doi: 10.3201/EID2201.141867. PMID: 26691688).

*Although previously described in large studies in Amsterdam, the Netherlands, this is the first UK based study that shows a large asymptomatic proportion of LGV infections.*

2. The LGV epidemic in the UK, especially in London is surging (see reference 1 below)
3. New genomic data reveals genes that are potentially involved in the invasive nature of LGV *C. trachomatis* strains (see reference 3 below)

#### 5 Most Important Recent Publications

1. Childs T, Simms I, Alexander S, Eastick K, Hughes G, Field N Rapid increase in lymphogranuloma venereum in men who have sex with men, United Kingdom, 2003 to September 2015.. *Euro Surveill.* 2015 Dec 3;20(48). doi: 10.2807/1560-7917.ES.2015.20.48.30076. PMID: 26675210
2. Arnold CA, Roth R, Arsenescu R, Harzman A, Lam-Himlin DM, Limketkai BN, Montgomery EA, Voltaggio L. Sexually transmitted infectious colitis vs inflammatory bowel disease: distinguishing features from a case-controlled study. *Am J Clin Pathol.* 2015 Nov;144(5):771-81. doi: 10.1309/AJCPOID4JIJ6PISC. PMID: 26486742
3. Borges V, Gomes JP. Deep comparative genomics among *Chlamydia trachomatis* lymphogranuloma venereum isolates highlights genes potentially involved in pathoadaptation. *Infect Genet Evol.* 2015 Jun;32:74-88. doi: 10.1016/j.meegid.2015.02.026. Epub 2015 Mar 3. PMID: 25745888
4. de Vries HJ, Schim van der Loeff MF, Bruisten SM. High-resolution typing of *Chlamydia trachomatis*: epidemiological and clinical uses. *Curr Opin Infect Dis.* 2015 Feb;28(1):61-71. doi: 10.1097/COI.000000000000120. Review. PMID: 25400105

European Branch of the International Union against Sexually Transmitted Infections; European Academy of Dermatology and Venereology; European Dermatology Forum; European Society of Clinical Microbiology and Infectious Diseases; Union of European Medical Specialists; European Centre for Disease Prevention and Control; European Office of the World Health Organisation. J Eur Acad Dermatol Venereol. 2015 Jan;29(1):1-6. doi: 10.1111/jdv.12461. Epub 2014 Mar 24. PMID: 24661352

## **Potential Speakers**

João P. Gomes, [j.paulo.gomes@insa.min-saude.pt](mailto:j.paulo.gomes@insa.min-saude.pt). Department of Infectious Diseases, National Institute of Health, Lisbon, Portugal

Vítor Borges, Reference Laboratory of Bacterial Sexually Transmitted Infections, Department of Infectious Diseases, National Institute of Health, Lisbon, Portugal, Bioinformatics Unit, Department of Infectious Diseases, National Institute of Health, Lisbon, Portugal

Henry de Vries, [h.j.devries@amc.nl](mailto:h.j.devries@amc.nl), Department of Dermatology, Academic Medical Centre, University of Amsterdam, The Netherlands

## **Questions to be answered by future Research**

1. What causes that in the current LGV epidemic among MSM in the western world most infections are anorectal, whereas in the classic epidemic most were inguinal (genital)?
2. What will be the effect of new LGV strains on the epidemiology and the emergence of new risk populations?
3. What is the genetic factor that explains the invasive nature of LGV strains as opposed to the confinement to the epithelial layer of non LGV strains?
4. Why do LGV strains require longer duration treatment regimens as opposed to non-LGV strains?
5. Can we have shorter duration treatment regimes for LGV infections?

Rapporteurs:

**1. Henry de Vries, MD, PhD**

Professor of skin infections  
Department of Dermatology, Academic Medical Centre,  
University of Amsterdam, The Netherlands  
Tel. +31(20)5662582 and +31(20)5555429  
email: [h.j.devries@amc.uva.nl](mailto:h.j.devries@amc.uva.nl)

**2. Dr Bertille de Barbeyrac**

MCU-PH, PharmD-PhD  
USC EA 3671 Infections humaines à mycoplasmes et chlamydiae  
Centre National de Référence des infections à chlamydiae  
Campus Bordeaux Carreire  
146 rue Léo Saignat  
33076 Bordeaux cedex, France  
Phone +33 5 57 57 16 33  
Fax +33 5 56 93 29 40  
Email: [bertille.de-barbeyrac@u-bordeaux.fr](mailto:bertille.de-barbeyrac@u-bordeaux.fr)

Researchers:

1. Adele Zingoni, Department of Biomedical Sciences and Human Oncology, Dermatologic Clinic, University of Turin, Turin, Italy  
Phone +39 349 8335083,  
Email: [adele.zingoni@gmail.com](mailto:adele.zingoni@gmail.com)

2. Nynke H.N.de Vrieze, Department of Dermatology/Allergology, University Medical, Center Utrecht, Utrecht, the Netherlands  
phone: +31(6) 81 83 16 21  
email: [nynkedevrieze@hotmail.com](mailto:nynkedevrieze@hotmail.com)

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