



SEXUALLY TRANSMITTED INFECTIONS, HIV/AIDS

LYMPHOGRANULOMA VENEREUM COINFECTION WITH HUMAN IMMUNODEFICIENCY VIRUS IN BISEXUAL MAN

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Background: Lymphogranuloma venereum (LGV) is a re-emerging sexually transmitted infection caused by the L1, L2, and L3 serotypes of *Chlamydia trachomatis*. LGV are reported to affect particularly among men having sex with men (MSM) and HIV-infected. In the last five years, there is no cases of LGV have been reported in our sexually transmitted infection (STI) center. The aim of this study is to reported a case of LGV coinfection with HIV in bisexual man.

Observation: A case of femoral lymphadenopathy suspected LGV in 28-year-old bisexual man with HIV. The diagnosed of LGV was established base on clinical manifestation with presented constitutional symptoms, such as fever, fatigue, and unilateral purulent lymphadenitis (inguinal syndrome or “bubo”), serological examination was found IgG reactive for *C. trachomatis*, and polymerase chain reaction (PCR) from bubo aspirate was positive for *C. trachomatis*. PCR-based genotyping can be used to differentiate *C. trachomatis* serovars, but they are not available in our country. The patient received doxycyclin 100 mg, twice daily, for 21 days and had complete resolution in the end of treatment.

Key message: LGV superimposed on increasing rates of HIV in MSM, strongly suggests populations of men with very risky sexual behaviours.

