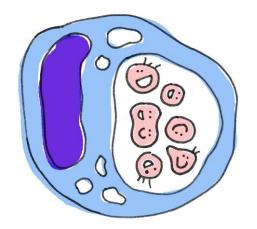
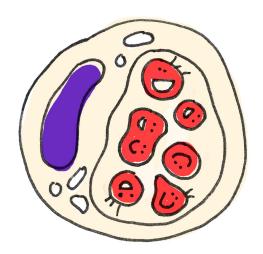
#### SCREENING FOR ASYMPTOMATIC LGV INFECTION, EXPERIENCE FROM NORWAY WITH POSSIBLE IMPLICATIONS FOR FUTURE GUIDELINES?



## Background

- Chlamydia trachomatis serovars L1, L2 or L3.
- Re-emerged among MSM populations in Europe, including Norway



# Background

- Typical clinical symptoms
  - anorectal pain
  - anal bleeding or discharge
  - tenesmus
  - constipation
  - proctitis
  - inguino-femoral lymphadenopathy
- May also be asymptomatic

# Current guidelines

 IUSTI guidelines are under review, but have previously recommend LGV-testing preferably in cases with suspected LGV

### Norwegian recommendations

• Testing all chlamydia positive rectal samples for LGV, irrespective of clinical information provided

# Aim of the study

• Explore the impact of LGV-testing according to Norwegian guidelines in a retrospective study

### Methods

- In-house PCR-assay
- C.trachomatis pmp-gene as target

### Methods

- Included: All LGV cases detected from June 2016 to December 2017
- Relevant clinical information on the request-forms was retrospectively evaluated, typical clinical symptoms for LGV were registered

#### Results

June 2016 to December 2017	
Chlamydia positive rectal samples	582
Tested for LGV	538 (93%)
Not tested for LGV	44 (7%)

### Results

Tested for LGV	
Positive	29 (6%)
Negative	509 (94%)

### Results

LGV positive, information on the request form		
Clinical symptoms of LGV	7 (24%)	
Asymptomatic	18 (62%)	
No information provided	4 (14%)	

### Conclusions

- The majority of patients (62%) with positive LGV-PCR were reported as asymptomatic
- These patients would not have been correctly diagnosed if LGV-testing had been offered only when LGV was suspected

### Conclusions

• Testing all chlamydia positive rectal samples for LGV should be recommended in future guidelines.

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#### «In order to live happily, live hidden»

- Jean-Pierre Claris de Florian

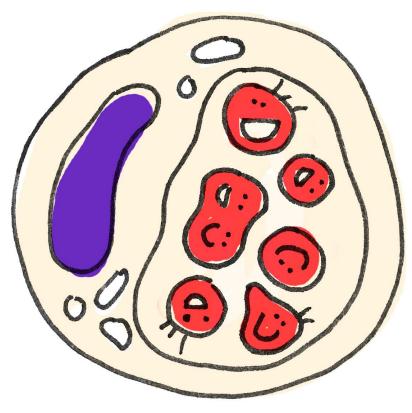


Illustration: Pie Paasche Aasen