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Inguinal lymphadenopathy: lymphogranuloma venereum and gonococcal co-infeccion

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Background and Aim: Inguinal adenopathies are generally caused by sexually transmitted infections (STI), and secondarily by cellulitis or lymphoma. Lymphogranuloma venereum (LV) is an STI caused by Chlamydia trachomatis serotypes L1, L2 or L3, it is endemic in some countries of Africa, Asia and South America and an increased incidence in Europe is being observed. The aim of this report is to explain the differential diagnosis of an inguinal lymphadenopathy.
Method: A 28-year-old man presented a 2 centimeters round and painful adenopathy at inguinal area for 5 days with no fever and good general health. He started anti-inflammatory treatment with no results. Blood test with serologies (hepatitis B and C, syphilis and HIV) and urine PCR (Chlamydia trachomatis and Neisseria gonorrheae) were performed with negative results. One week after, patient presented a second adenopathy in the same path and started mucoid and hemorrhagic rectal discharge and fever. Another blood test and urine PCR with a wider range of pathogens (Chlamydia trachomatis, Neisseria gonorrheae, Mycoplasma genitalium, Ureaplasma urealyticum, Trichomonas vaginalis), rectal and pharyngeal samples were performed to rule out other STI. With the suspicion of infectious proctitis, ceftriaxone 500mg intramuscular and doxicicline 100mg/12hours per 21days were prescribed empirically.
Results: Rectal sample culture was positive for Chlamidia trachomatis L1-L3 serotypes and Neisseria gonorrhoeae. Blood test showed leukocytosis and normal C-reactive protein. Patient was diagnosed of proctitis caused by Lymphogranuloma venereum and gonococcal infection.
Conclusion: Patient started to recover and 2 weeks after was asymptomatic and adenopathies decreased. Lymphogranuloma venereum is a STI that should be included in the differential diagnosis of an inguinal adenopathy and it is important to take in account that rectal sample may be needed to diagnosis.