INGUINAL LGV LYMPHADENOPATHY MASQUERADING AS A STRANGULATED HERNIA

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Background/Purpose:
Lymphogranuloma venereum (LGV) is caused by *C. trachomatis* serovars L1, L2 or L3 and has emerged as a problem among men who have sex with men (MSM) internationally. Previously, among heterosexuals, LGV has caused inguinal lesions. In contrast, LGV in MSM more commonly presents as proctitis.

Approach:
A 42-year-old HIV negative MSM presented with a one-day history of a painful left groin lump. He did not report proctitis, genitourinary or systemic symptoms. Aside from treated early latent syphilis he was otherwise well. He reported having condomless insertive and receptive anal sex with four casual male partners in the preceding 12 months. He disclosed recent intravenous drug use. On examination an adherent, hard, tender non fluctuant mass measuring 2cm x 1cm was detected in the left inguinal region. Given the acute onset of symptoms and the associated pain, a strangulated hernia was suspected, and an urgent ultrasound performed. A full STI screen was undertaken including genotyping for *Chlamydia trachomatis*.

Outcomes/Impact:
An ultrasound reported three lymph nodes, the largest being necrotic and measuring 1.5cm with no definitive inguinal hernia identified. Nucleic acid amplification testing of first pass urine detected *C. trachomatis*, typed as LGV associated. Throat and rectal specimens were negative for *C. trachomatis* and *N. gonorrhoeae.* HIV serology was non-reactive, syphilis serology showed no change in RPR titre (1). The patient was recalled, after *C. trachomatis* was detected and ultrasound findings, and treated with doxycycline 100mg twice daily for three weeks.

Innovation and Significance:
LGV is an important differential diagnosis to consider in sexually active individuals presenting with unilateral inguinal lymphadenopathy, where testing for *C. trachomatis* and LGV serovars should be considered.

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