

Key messages

- ▶ LGV L2b, as well as other *C trachomatis* serovars, may trigger SARA in HLAB27-positive HIV-infected men who have sex with men (MSM).
- ▶ Given the recent outbreak, LGV L2b infection should be systematically screened for in MSM with reactive arthritis, even though no proctitis symptoms are present.
- ▶ This case adds reactive arthritis to the severe complications of LGV L2b proctitis and underscores the importance of rapidly diagnosing and treating this infection.

In the recent outbreak, LGV predominantly caused proctitis or proctocolitis, primarily through unprotected receptive or insertive anal intercourse,¹ a substantial proportion of patients even being asymptomatic.¹⁰ Diagnosis is essential as prolonged treatment (3 weeks) with doxycycline or macrolides is required in LGV (*C trachomatis* serovar L1–3) proctitis, in contrast to infection with other serovars for which short-term treatment is possible.¹⁰

Given the recent outbreak, *C trachomatis* L2b proctitis-associated SARA appears to be rare, and is less frequent than SARA related to other *C trachomatis* serovars (incidence estimated at approximately 1–3% in *C trachomatis* serovars D–K).⁴ A strong local immune response in proctitis could prevent the dissemination of infection and subsequent reactive arthritis.⁴

In conclusion, SARA may be triggered by the epidemic LGV L2b isolate responsible for proctitis in HIV-infected MSM.

Acknowledgements: The authors would like to thank Maithe Clerc for the genotyping analysis and Nicolas Dupin for his careful review of the manuscript.

Competing interests: None.

Patient consent: Obtained.

Contributors: KEK, FM and OL were in charge of the patient and wrote the manuscript. FRD, JPV and ML were in charge of the patient and carefully revised the manuscript. BdB performed the strain serovar identification and carefully revised the manuscript.

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Correction

There was an incorrect URL in an article published in Supplement II of this year (Vickerman P, *et al.* *Sex Transm Infect* 2009;**85**:Suppl II: ii23–ii30). The correct link should be: http://sti.bmj.com/cgi/content/full/85/Suppl_2/ii23/DC1.

Sex Transm Infect 2009;**85**:181. doi:10.1136/sti.2008.034660.corr1