

esthetic outcome, but would also prevent collapse with inspiration. This could be overcome by adding a free cartilage graft from the concha of auricle^{5,6} or a titanium mesh,⁵ although such procedures were considered unnecessary in this case given the age of the patient. Other reconstruction options requiring a single intervention are nasolabial transposition flap or subcutaneous turnover pedicle,^{1,7} but these are not useful in this case because the surgical defect would include this region.

Reconstructive surgery was performed in a single intervention of the nasal ala and perialar region, using a malar turnover island pedicle flap. The functional and esthetic outcomes were good. This technique is a very useful tool for the reconstruction of large defects in the nasal ala with involvement of the nasolabial fold, which rules out use of this structure for the flap design.

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Detection of *Chlamydia trachomatis* Infection in Patients Seen at a Sexually Transmitted Infection Clinic[☆]



Detección de la infección por *Chlamydia Trachomatis* en pacientes que consultan por una infección bacteriana de transmisión sexual

To the Editor:

Chlamydia is the most common bacterial infection transmitted sexually in Europe and it is particularly common in young people. According to the World Health Organization, 10% of sexually active people under 25 years of age may be infected.¹ Chlamydia can affect both men and women, but complications are more common in women. Based on official data from the European Center for Disease Prevention and Control,² certain socioeconomic statuses and sexual behaviors are associated with increased vulnerability to sexually transmitted infections (STIs).³

According to studies of different populations in Europe, the estimated prevalence of *Chlamydia trachomatis* infection, or chlamydia, is between 4% and 6%.^{4,5,6} Up to 70% of infections in women are asymptomatic,⁷ and chlamydia increases the risk of infection by the human immunodeficiency virus and other STIs, such as gonorrhea.⁸ Notification

of individual cases of genital chlamydial infection is not a requirement in Spain, where epidemiological surveillance is organized through the Microbiological Information System. In Catalonia, where our hospital is based, the number of cases of genital chlamydia must now be reported, a requirement that led to a 29% increase in the number of cases reported between 2011 and 2012.⁹

We performed a prospective descriptive study of the frequency of chlamydia in patients seeking treatment for a suspected STI at the STI unit of Hospital Universitario Arnau de Vilanova in Lleida between November 2012 and November 2013. All patients were asked if they wished to participate in the study and those who agreed signed an informed consent form.

During the visit, apart from history taking and tests relevant to the patient's presenting condition, each patient was asked if they would provide samples (urethral for men and cervical for women) to test for chlamydia. The detection methods used were the polymerase chain reaction nucleic acid test (Anyplex CT/NG Real-time Detection, Seegene) and immunochromographic antigen detection. Patients diagnosed with *C trachomatis* infection were given cards to pass onto their sexual contacts to come in for evaluation.

Information on the study variables was collected in face-to-face interviews with the patients (Table 1). The prevalence of chlamydial infection in the subgroups analyzed was calculated with 95% CIs. Associations between the dependent variable (chlamydia) and the main independent variables were assessed by odds ratios and 95% CIs.

In total, 107 patients (68.2% men) were included in the study. Most (71.1%) had secondary or university studies. Almost 40% of the patients were aged between 26 and 35 years, 58.9% stated that they did not generally use contraception methods, and 5.6% reported working as a sex worker.

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Table 1 Characteristics of Patients Seen for a Suspected STI at the Dermatology Unit of Hospital Universitario Arnau de Vilanova de Lleida Between November 2012 and November 2013.

Variable	Category	No. of Patients		95% CI
		(n = 107)	%	
Sex	Male	73	68.2	(59.4-77.0)
	Female	34	31.8	(23.0-40.6)
Age group, y	16-25	39	36.4	(27.3-45.6)
	26-35	42	39.3	(30.0-48.5)
	> 35	26	24.3	(16.2-32.4)
Education	None or primary	20	18.7	(11.3-26.1)
	Secondary	45	42.1	(32.7-51.4)
	University	31	29.0	(20.4-37.6)
	Vocational training	11	10.3	(4.5-16.0)
Stable partner	No	37	34.6	(25.6-43.6)
	Yes	70	65.4	(56.4-74.4)
Sexual partners, No./mo	0-1	94	87.9	(81.7-94.0)
	> 1	13	12.1	(6.0-18.3)
Sexual partners. No./y	0-1	51	47.7	(38.2-57.1)
	2-3	34	31.8	(23.0-40.6)
	> 3	20	18.7	(11.3-26.1)
Sexual orientation	Heterosexual	97	90.7	(85.1-96.2)
	Homosexual	10	9.3	(3.8-14.9)
Use of condom during last sexual contact	No	64	59.8	(50.5-69.1)
	Yes	43	40.2	(30.9-49.5)
Use of barrier methods	No	63	58.9	(49.6-68.2)
	Yes	44	41.1	(31.8-50.4)
Sex worker	No	101	94.4	(90.0-98.8)
	Yes	6	5.6	(1.2-10.0)
Time since onset of symptoms, mo	< 1	19	17.8	(10.5-25.0)
	1-6	61	57.0	(47.6-66.4)
	> 6	21	19.6	(12.1-27.2)
	Asymptomatic	6	5.6	(1.2-10.0)
PCR	Negative	97	90.7	(85.1-96.2)
	Positive	10	9.3	(3.8-14.9)
Patient as possible origin of infection	No	50	46.7	(37.3-56.2)
	Yes	57	53.3	(43.8-62.7)
Other STIs	No	30	28.0	(19.5-36.5)
	Gonorrhea	3	2.8	(-0.3-5.9)
	Syphilis	3	2.8	(-0.3-5.9)
	Genital warts	51	47.7	(38.2-57.1)
	Other	20	18.7	(11.3-26.1)
Identification of contact	No	54	50.5	(41.0-59.9)
	Yes	53	49.5	(40.1-59.0)
Postinfection contacts, No.	0	48	44.9	(35.4-54.3)
	1	50	46.7	(37.3-56.2)
	> 1	9	8.4	(3.2-13.7)
Contacts that could be located, No.	0	52	48.6	(39.1-58.1)
	1	44	41.1	(31.8-50.4)
	2	11	10.3	(4.5-16.0)

Abbreviations: PCR, polymerase chain reaction; STI, sexually transmitted infection.

Genital warts were the most common presenting complaint, present in 47.7% of patients.

The prevalence of chlamydia was 9.3% (10 of 107 patients; 95% CI, 3.8-14.9). This rate provides additional strength to guideline recommendations to screen for *C trachomatis* infection in all patients seeking treatment for a suspected STI. The odds of being infected was 11.1 times

higher (95% CI, 3.4-72.4) in patients who reported having had 2 sexual partners (compared with 1 or none) in the previous month and 5.3 times higher (95% CI, 0.9-31.7) in patients with 3 or more sexual partners (also compared with 1 or none) in the past year. The odds of infection was also higher in homosexual patients (OR, 5.5; 95% CI, 1.2-26.1), in patients who reported working as sex workers (OR, 5.7;

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