



Oropharyngeal Chlamydia in MSM attending STI clinic of India

Dear Editor,

Men having sex with men (MSM) are at high risk for sexually transmitted infections (STIs) including oropharyngeal STIs. Extragenital *Chlamydia* infection is usually asymptomatic and can be missed if not screened for. This study aimed to determine the rate of infection of oropharyngeal *Chlamydia trachomatis* (CT) among MSM.

All consecutive MSM presenting to the STI Clinic of our hospital between April 2021 and November 2022 were included in the study. Oropharyngeal swabs along with first-void urine and rectal swabs were collected from each patient. Polymerase chain reaction targeting the cryptic plasmid was performed to detect CT. Genotyping was performed by determining the sequences of the *ompA* gene.¹ In addition, *Ureaplasma* spp., *M. hominis* and *N. gonorrhoeae* were tested by PCR as described previously.^{2,3}

A total of 128 patients (mean age 30.1 years ± standard deviation 8.8) were included in the study. Of these, 37.5% (48/128) were seropositive for HIV-1 and 32.8% (42/128) were VDRL reactive. At the pharyngeal site, CT was detected in nine (7%), *N. gonorrhoeae* in two (1.6%), *Ureaplasma* spp. in one patient (0.8%). No patient tested positive for *M. hominis*. Among the patients who tested positive for CT at the pharyngeal site, two were seropositive for HIV-1 and none were VDRL reactive. All these patients were asymptomatic at the pharyngeal site and had concomitant infections at other sites also. CT was detected at all three sites (pharyngeal, rectal, and urethral) in four patients, while the five patients had a concomitant rectal infection. Genotyping was performed for all these isolates [Table 1]. Genotype D was the most common genotype at all sites.

In a review by Chan *et al*, the prevalence of pharyngeal Chlamydia and Gonorrhoea among MSM ranged from 0 to 3.6% (median 1.7%) and 0.5–16.5% (median 4.6%) respectively.⁴ In our study, detection of pharyngeal CT was relatively higher. Condomless sexual practices including oral sexual activities can lead to the transmission of STIs. None

Table 1: Distribution for CT genotype in the study by anatomical site

Isolated sites	Urogenital CT genotype		
	D	E	G
Rectal	5	1	0
Urethral	2	0	0
Pharyngeal	2	1	1
Total	9	2	1

of the pharyngeal CT positive patients in our study reported condom usage and all had multiple partners.

Similar to our results, Zhou *et al*. reported genotype D as the most common genotype at the anorectal site in MSM while genotypes G and D at the urethral and pharyngeal site.⁵ In our study, out of the nine oropharyngeal CT isolates, only four could be successfully genotyped. *ompA* being a single-copy gene can result in lower sensitivity of genotyping, as also suggested by Hinkan *et al*.⁶ In two patients, genotype D was present at both pharyngeal and rectal sites. In another two patients, genotype D was present at rectal sites, whereas genotype G and E were recovered from pharyngeal site. History of multiple partners can explain the presence of different genotypes at different anatomical sites in these patients.

The small number of CT positive patients could not allow any statistical inference to be made which is a limitation of our study. Additionally, we were unable to find other studies from India on genotypes of oropharyngeal CT infection in MSM. The results of this study adds to the limited literature available on oropharyngeal CT infection. Our study provides evidence necessitating further research to explore extragenital CT screening in MSM, especially at the pharyngeal site, which can aid in the formulation of screening and testing recommendations and guidelines.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent.

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Conflicts of interest

There are no conflicts of interest.

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Traditional versus e-learning during COVID-19 pandemic: An online survey on dermatology postgraduate teaching

Dear Editor,

Like many other teaching institutes worldwide, we were suddenly forced to shift to an online training programme during the early part of the novel coronavirus-19 (COVID-19) disease pandemic. Our dermatology postgraduate teaching programme comprises a weekly seminar, journal club, clinical case discussion, spotters, dermatopathology discussion and lectures, which were conducted virtually via the Google Meet platform during the COVID-19 pandemic. We undertook a survey after more than a year of online teaching in our department at the All India Institute of Medical Sciences, New Delhi, to gain better insight into both modes of learning; traditional and the new e-learning. After approval from the institute ethics committee, a Google form (<https://docs.google.com/forms/d/1K-SER5KA1F00OhB4OgPsJe3t79ge7s4FSy-EwUL1Nmag/edit#responses>) was emailed to our residents ($n = 33$) and faculty members ($n = 10$) and their responses were recorded anonymously. The Google form comprised 18 questions from a previously validated questionnaire,¹ and another 18 questions, specific to our teaching programme, were developed by us.

Thirty-five of the 43 (81.3%) eligible participants: 21 (60%) postgraduates (7 first-year, 6 second-year and 8 final-year), 8 (22.9%) senior-residents and 6 (17.1%) faculty filled out the questionnaire. As compared to online teaching, respondents felt more attentive during traditional physical classroom teaching, believed it to be more efficient in encouraging them to learn by themselves and were better satisfied with it in meeting their educational needs. On the other hand, respondents were more comfortable raising queries in online classes. Time utilisation was considered better in online classes by more respondents ($n = 17$, 48.6% vs $n = 11$, 31.4%), while the audio-visual experience was considered better in physical classes ($n = 22$, 62.9% vs $n = 8$, 22.9%). Overall, traditional teaching was preferred for all teaching activities, except journal clubs and seminars, where both methods were preferred similarly [Figure 1]. Table 1 summarises the responses to the validated questionnaire.

Among the responses to the questions specific to our programme, more respondents reported less anxiety while speaking during online classes ($n = 21$, 60% vs. $n = 5$, 14%), but picked traditional method for developing public speaking

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