Lymphogranuloma Venereum (LGV)

What is lymphogranuloma venereum?

Lymphogranuloma venereum (LGV) is a sexually transmitted infection (STI) that is caused by a form of the chlamydia trachomatis bacteria. However, LGV infection is often a more serious infection.

Symptoms

Between three to 30 days after infection with the bacteria, a painless sore/lump may develop on the vagina, penis, rectum, cervix or mouth. The sore may disappear on its own, even though the infection is still there. Two to six weeks later, the bacterium affects the whole body giving the following symptoms:

- Fever
- Chills, fatigue, and muscle and joint aches
- Swollen and painful glands in the genital area
- Bloody discharge from the rectum
- Bloody diarrhea

How it spreads

LGV is spread from an infected person by unprotected anal, oral or vaginal sex; fisting and/or sharing sex toys.

Complications

Untreated LGV can cause scarring and deformity in the genital, cervical or anal area, depending on the location of the infection. In rare cases, it can lead to inflammation and infection of the brain and spinal cord tissues, hepatitis and even death.

Diagnosis

LGV is difficult to diagnose because the symptoms overlap with other STIs. It can be diagnosed by taking a swab from inside the man’s penis or anus, the inside of the woman’s vagina, or from the sore if it is present. A health care provider may also take a urine or blood sample. A biopsy of a swollen gland is sometimes taken as well. The sample is then sent to a laboratory.

Treatment

LGV is treated with three weeks of antibiotic pills. Some of the commonly used antibiotics include doxycycline, erythromycin and azithromycin. It is important that you complete the treatment as directed by your health care provider. Even if your symptoms have disappeared, it is important take the medication as directed. It is also important to avoid sexual intercourse (oral, anal and/or vaginal) – even with a condom – until all medication is finished and all test results after treatment are negative as reinfection can occur.
All sexual partners within the past 60 days should be examined and treated. If you have not had sex in the past 60 days, your last sexual partner should be examined and treated. Tell your partner(s) that having no symptoms does not mean there is no infection. A York Region public health nurse can help you to notify your partner(s). Your name will be kept confidential.

Protection
- Abstain from sex or limit the number of sexual partners.
- Make informed decisions by talking to your partner about his/her sexual health and the use of protection before having sex.
- Ask your partner(s) to be tested before you have sex.
- Always use a condom from beginning to end of any vaginal, oral or anal sex.
- Get an STI checkup—especially if you’ve had a new sex partner, more than one sex partner or suspect you have an infection.

Followup
It is important to return for a followup visit three to five weeks after treatment to make sure the infection is gone. If you think you may have LGV or have had sex with someone who has LGV, please see your health care provider for more information.

Specialized testing and treatment is needed for LGV. Get tested for other sexually transmitted infections such as HIV, hepatitis C, hepatitis B, gonorrhea, chlamydia and syphilis because it may be easier to get LGV if you have another one of these infections. Having LGV also increases the risk of getting HIV, hepatitis C and other STIs.

Remember:
- Take all your medication as prescribed by your health care provider.
- Do not have oral, vaginal or anal sex with your sexual partner(s) until seven days after the last partner has completed treatment.
- You can get re-infected every time you have sex with an untreated or infected partner.
- Having LGV can increase the likelihood of transmission of HIV from an HIV-infected partner to an uninfected partner.

LGV is a reportable disease. York Region Community and Health Services must be notified so appropriate followup can be done.