



CDC Fact Sheet

LGV



What is LGV?

LGV (*Lymphogranuloma venereum*) is a sexually transmitted disease (STD) caused by three strains of the bacterium *Chlamydia trachomatis*. The visual signs include genital papule(s) (e.g., raised surface or bumps) and or ulcers, and swelling of the lymph glands in the genital area. LGV may also produce rectal ulcers, bleeding, pain, and discharge, especially among those who practice receptive anal intercourse. Genital lesions caused by LGV can be mistaken for other ulcerative STDs such as syphilis, genital herpes, and chancroid. Complications of untreated LGV may include enlargement and ulcerations of the external genitalia and lymphatic obstruction, which may lead to elephantiasis of the genitalia.

■ How common is LGV?

Signs and symptoms associated with rectal infection can be mistakenly thought to be caused by ulcerative colitis. While the frequency of LGV infection is thought to be rare in industrialized countries, its identification is not always obvious, so the number of cases of LGV in the United States is unknown. However, outbreaks in the Netherlands and other European countries among men who have sex with men (MSM) have raised concerns about cases of LGV in the U.S.

■ How do people get LGV?

LGV is passed from person to person through direct contact with lesions, ulcers or other area where the bacteria is located. Transmission of the organism occurs during sexual penetration (vaginal, oral, or anal) and may also occur via skin to skin contact. The likelihood of LGV infection following an exposure is unknown, but it is considered less infectious than some other STDs. A person who has had sexual contact with a LGV-infected partner within 60 days of symptom onset should be examined, tested for urethral or cervical chlamydial infection, and treated with doxycycline, twice daily for 7 days.

■ What are the signs and symptoms?

LGV can be difficult to diagnose. Typically, the primary lesion produced by LGV is a small genital or rectal lesion, which can ulcerate at the site of transmission after an incubation period of 3-30 days. These ulcers may remain undetected within the urethra, vagina, or rectum. As with other STDs that cause ulcers, LGV may facilitate transmission and acquisition of HIV.

■ How is LGV diagnosed?

Because of limitations in a commercially available test, diagnosis is primarily based on clinical findings. Direct identification of the bacteria from a lesion or site of the infection may be possible through testing for chlamydia but, this would not indicate if the chlamydia infection is LGV. However, the usual chlamydia tests that are available have not been FDA approved for testing rectal specimens. In a patient with rectal signs or symptoms suspicious for LGV, a health care provider can collect a specimen and send the sample to his/her state health department for referral to CDC, which is working with state and local health departments to test specimens and validate diagnostic methods for LGV.

■ What is the treatment for LGV?

There is no vaccine against the bacteria. LGV can be treated with three weeks of antibiotics. CDC STD Treatment Guidelines recommend the use of doxycycline, twice a day for 21 days. An alternative treatment is erythromycin base or azithromycin. The health care provider will determine which is best.

If you have been treated for LGV, you should notify any sex partners you had sex with within 60 days of the symptom onset so they can be evaluated and treated. This will reduce the risk that your partners will develop symptoms and/or serious complications of LGV. It will reduce your risk of becoming re-infected as well as reduce the risk of ongoing transmission in the community. You and all of your sex partners should avoid sex until you have completed treatment for the infection and your symptoms and your partners' symptoms have disappeared.

NOTE: Doxycycline is not recommended for use in pregnant women. Pregnant and lactating women should be treated with erythromycin. Azithromycin may prove useful for treatment of LGV in pregnancy, but no published data are available regarding its safety and efficacy. A health care provider (like a doctor or nurse) can discuss treatment options with patients.

Persons with both LGV and HIV infection should receive the same LGV treatment as those who are HIV-negative. Prolonged therapy may be required, and delay in resolution of symptoms may occur among persons with HIV.

■ How can LGV be prevented?

The surest way to avoid transmission of sexually transmitted diseases is to abstain from sexual contact, or to be in a long-term mutually monogamous relationship with a partner who has been tested and is asymptomatic and uninfected.

Male latex condoms, when used consistently and correctly, may reduce the risk of LGV transmission. Genital ulcer diseases can occur in male or female genital areas that may or may not be covered (protected by the condom).

Having had LGV and completing treatment does not prevent re-infection. Effective treatment is available and it is important that persons suspected of having LGV be treated as if they have it. Persons who are treated for LGV treatment should abstain from sexual contact until the infection is cleared.

■ FOR MORE INFORMATION:

Division of STD Prevention (DSTDP)
Centers for Disease Control and Prevention
<http://www.cdc.gov/std/>

CDC-INFO Contact Center
1-800-CDC-INFO (1-800-232-4636)
Email: cdcinfo@cdc.gov

American Social Health Association (ASHA)
1-800-783-9877
www.ashastd.org