

LGV Lymphogranuloma Venereum

Since 2003 this sexually transmitted infection, rare in Great Britain but common in the Caribbean, Africa and South East Asia, has appeared in outbreaks among gay men in a number of European countries neighbouring the UK. Cases of LGV among UK gay men are almost certain to be confirmed before long. Knowledge of LGV will be vital in mobilising prompt action to combat the spread of this highly transmissible and very destructive infection. This sector summary report aims to inform those working in the gay men's health sector about this little known infection.

What is LGV?

Lymphogranuloma venereum (LGV) is a bacterial infection caused by three sub-types of Chlamydia trachomatis (types L1, L2 and L3). These sub-types are far more destructive than the variants of the chlamydia bacterium normally found in the UK. What separates them from the more common chlamydia bacteria is their ability to infect the lymph nodes causing them to become inflamed and to drain liquid and the potentially devastating effects on surrounding tissue caused if the infection goes untreated.

How is LGV passed on?

LGV is almost exclusively transmitted sexually. The bacteria can cross from one body to another when infected mucosal surfaces (in men, the warm moist skin of the mouth, penis and rectum) come into contact with an uninfected person's mucosal surfaces. During sex friction can cause minute abrasions in mucosal surfaces that allow the bacteria to enter the body.

The following acts, both receptive and insertive, are the most usual transmission methods;

- Fellatio ('sucking')
- Anal intercourse
- Fisting

The above acts without condoms or latex gloves are the most commonly reported routes of transmission.

LGV could also be passed from person to person by sex toys carrying the bacteria being inserted into an infected rectum and then put into an uninfected man's rectum.

Symptoms of LGV

LGV has three stages. In the majority of cases symptoms are not noticed in the first stage of infection or are dismissed as unimportant. As has happened with recent cases in European cities, even symptoms of later stage disease may be confused by doctors as related to herpes, syphilis or bowel disorders such as Crohn's Disease. Also, in recent cases among gay men on the Continent LGV infection was mostly in the rectum, causing symptoms of proctitis. The classic LGV symptom of swollen glands in the groin (associated with infection in the penis) were absent.

First stage

Around 3-21 days after becoming infected some men will get a small, usually painless sore or blister where the bacteria entered their body (through the penis, throat or rectum). If infected through the penis some men may experience the classic chlamydia-associated urethritis (inflammation of the urethra with discomfort and discharge). Most men at this stage, however, do not notice symptoms – all the same, they are capable of passing the infection to others.

Second stage

10-30 days later (or even longer) the tell-tale LGV symptom can appear – painfully enlarged lymph glands, nearest to the site of infection. However, a large number of infected individuals do not notice symptoms at this stage.

In the rectum

The glands inside the anus may swell and proctitis (inflammation of the lining of the rectum) develop. Symptoms include constipation, diarrhoea, pain (including when defecating), pus or blood coming from the anus. Festering ulcers/ abscesses inside the rectum can develop.

In the penis

As well as urethritis, an infected man may get painful, swollen glands in his groin, either on one or both sides. Eventually in some cases these pus-filled glands become so large that they break through the skin in order to drain the fluid they contain.

In the mouth/throat

The lymph glands in the neck or armpit may become swollen.

Fever and feeling ill are possible symptoms regardless of the site of infection. Treatment at this stage will cure LGV with no lasting damage. Untreated the infection can progress to the highly destructive third stage where treatment cannot repair the damage caused.

Third stage

Over a number of years the bacteria will cause inflammation, scarring and tissue damage that can have disastrous effects on the area around the genitals and inside the anus. Haemorrhoid-like growths can develop in the anus and tissue damage can narrow the rectum. The genitals can swell to a very large size.

How is LGV detected and treated?

A routine STI check-up which includes screening for chlamydia in the penis will also pick up penile LGV infection. A negative chlamydia test there means no LGV infection. If the chlamydia test is positive and LGV-type symptoms are present then a further specific test for LGV will be carried out. Sexual partners of someone diagnosed with LGV will also be given this specific test.

Chlamydia testing is not routinely performed on the throat or anus so infection in these sites may be missed unless inflammation and swelling of the glands is present. Although not licensed for diagnosing rectal LGV evidence suggests many clinics are successfully carrying out rectal tests. The Health Protection Agency's laboratories have overcome issues around testing for LGV in the rectum and suspect rectal samples can be sent to them for analysis. Any case of proctitis in a gay man should arouse suspicion of possible LGV infection.

A regular chlamydia infection can be treated with a one-off dose of Azithromycin or Doxycycline for one week. However, LGV requires a 3 week course of Doxycycline, with a 'test of cure' at the end to check treatment has been successful.

Having had the infection gives no immunity - it can be caught again on contact with an infected individual.

Who is most at risk from LGV?

If the infection becomes more widespread the profile of those contracting LGV could alter but to date gay men infected with LGV are overwhelmingly from a population who are:

- Likely to be infected with HIV ⁽¹⁾
- Have many sexual partners
- Have anal intercourse without condoms and/or fist or get fisted without latex gloves
- Go to sex parties, sex clubs, leather bars and saunas
- Have had sex in cities with recent LGV outbreaks or had sex with men linked to these places

A small outbreak of around half a dozen cases was reported in Hamburg in 2003, nearly 100 have been reported in Rotterdam in 2003/2004 (with cases documented in other Dutch cities including Amsterdam), nearly 40 in Paris and around 30 in Belgium (Antwerp). Cases have also been recorded in cities as far apart as Bordeaux and Stockholm. Infected men have reported having sex with men from the UK.

How can the spread of LGV be prevented?

There is no vaccine against the bacteria and having had LGV before does not provide immunity. Condom use, especially for anal intercourse, and latex gloves for fisting offer a large degree of protection. When more than two men are having sex a new condom or glove should be used with each man to prevent infection being passed from one to another. Dildos and other sex toys

should not be shared or should be covered with a condom that is changed with each new person it is used on. LGV should be considered as a possible cause for any case of rectal inflammation. Regular screening for STIs are advised for men with large numbers of sexual partners and anyone with LGV-type symptoms or who finds out they have had sex with someone with LGV should immediately get a check-up and not have sex until given the all-clear.

Links with LGV and other STIs.

Among recent cases have been documented cases of contracting LGV along with hepatitis C. Also, if two men have sex and one has HIV, then LGV in either partner makes HIV transmission more likely. As with other ulcer-causing STIs (syphilis and herpes) damaged mucosal membranes and internal tissue, together with bleeding give HIV more opportunity to leave one body and enter another.

Notes

1. HIV positive men made up 75% of cases in Hamburg and 90% in Belgium
www.eurosurveillance.org/ew/2004/040722.asp

84% of men in the early Rotterdam cluster were HIV positive: Nieuwenhuis

RF et al. Lymphogranuloma venereum in Western Europe: an outbreak of Chlamydia trachomatis serovar L2 proctitis in the Netherlands among men who have sex with men *SM Clin Infect Dis* 39: 996-1003,2004

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