

Prior to 2004, LGV was not often seen in industrialized countries and was only seen in tropical regions around the world. There have now been cases documented in North America, New Zealand and in many European countries.

LGV is a bacterial infection and it is the same bacteria responsible for Chlamydia. However it is a different strand of bacteria that is more damaging and invasive. LGV can be transmitted by unprotected oral, anal and vaginal sex. It can also be transmitted by sharing sex toys and fisting. You can protect yourself from LGV by using condoms or other protective barriers such as dental dams.

**SIGNS AND SYMPTOMS:**

After exposure to LGV there is usually a small bump or painless sore that appears on the infected area three days to one month after the exposure. This is in stage one of LGV. The sore may be inside of the anus or mouth making it difficult to detect. In stage two of LGV the bump or sore may begin to swell and become painful. It will usually fill up with puss and when the sore opens up it will leak. There are often swollen lymph nodes or glands around or on the infected area. Often times the glands along the pelvic bone will swell and become quite painful and are usually red in color. Finally in stage three, the person may experience abnormal growth of the infected area (elephantiasis) and at this stage the damage may be irreversible, except by reconstructive surgery.

Some other symptoms may include but are not limited to: lack of energy, chills, fever, appetite loss, muscle and bone pain, painless sores where the bacteria entered the body, bloody stools (if in second stage of infection), and puss like discharge from sores (in second stage).

**TESTING:**

Testing can be done at your doctor's office, through an STD Clinic, family planning clinics and any where else that STI testing is offered. It is usually a swab test from the infected area, although a blood test may be required. Should the LGV test come back positive, all sexual partners from the last 60 days should be contacted and be given treatment as well.

At this time you should also request to be tested for other sexually transmitted infections (STI's). Being infected with LGV can increase the risk of passing on and/or acquiring HIV, other STI's and Hepatitis B and C.

**TREATMENT:**

If treated in stage one or two, LGV is usually treated with a three week course of antibiotics. If in stage three, as previously mentioned, treatment may not be as effective and if elephantiasis (enlargement of the infected area) has occurred, surgery may be required to reconstruct the infected area.

**CANADIAN STATISTICS AND QUICK FACTS:**

- As of April 5, 2006, there have been 66 cases of lymphogranuloma venereum (LGV) reported to the Public Health Agency of Canada (PHAC); 33 are confirmed cases and 33 are probable cases.
- All cases in Canada have been found in men and only in Ontario, Quebec and Alberta.
- All but three of the LGV cases have been contracted in Canada.
- Three cases originated from Calgary.
- In 76.4% of the LGV cases in Canada, the person was also infected with HIV.
- 21.6 % were also infected with Syphilis.
- Four of the LGV cases were also infected with Hepatitis C.

**REFERENCES:**

- 1) Public Health Agency of Canada (2005). Sexual Health and Sexually Transmitted Infections Fact Sheet. [http://www.phac-aspc.gc.ca/std-mts/lgv\\_e.html](http://www.phac-aspc.gc.ca/std-mts/lgv_e.html)
- 2) Public Health Agency of Canada (2006). Lymphogranuloma Venereum Virus (LGV) Epi Update. [http://www.phac-aspc.gc.ca/publicat/epiu-aepi/std-mts/lgv\\_e.html](http://www.phac-aspc.gc.ca/publicat/epiu-aepi/std-mts/lgv_e.html)