What is LGV?

Lymphogranuloma venereum, or LGV, is a sexually transmissible infection (STI) caused by rare and aggressive strains of the bacteria that cause chlamydia (Chlamydia trachomatis).

What are the symptoms?

If the infection is in the anus, symptoms include:
- anal discomfort or pain
- anal discharge and/or bleeding
- a feeling of needing to empty one’s bowels, which often feels like constipation when there is no constipation.

People with LGV may also have fever, chills, weight loss, feel generally unwell or have sore muscles and joints.

People can also be infected with the strains of bacteria that cause LGV but not have any symptoms.

Infection in the anus is the most common type of LGV infection seen in people who have anal sex. If not treated, scarring in the anus can cause narrowing of the rectal passageway or abnormal openings from the bowel to the skin.

If the infection occurs elsewhere on the body, a small painless lump or sore appears at the site of infection. This is usually on the penis, rectum, mouth, vagina or cervix. This lesion heals after a few days and most people are not aware of it. Over the next two to six weeks, the infection spreads to the local lymph glands usually in the groin or inside the pelvis. The lymph glands may become swollen and filled with pus, resulting in an abscess that may burst open. In the final stages, the infection can cause widespread scarring and deformity in the affected area.

Symptoms appear around three to 30 days after infection.

How is it spread?

LGV is spread through unprotected anal, oral or vaginal sexual contact, especially if there is trauma to the skin or mucous membranes. It can also be spread via sharing of sex toys between partners.

LGV can be spread even when the person with LGV has no symptoms.

Who is at risk?

In Australia, LGV is mainly seen in gay and bisexual men (GBM) and is very rare in heterosexual people. Outbreaks of LGV within GBM have occurred in NSW. The risk of LGV is highest in GBM who have condomless anal sex with multiple sexual partners, practise ‘fisting’, share sex toys, or use recreational drugs during sex. GBM with LGV often have other infections, such as HIV, hepatitis C or other STIs.

People who travel to countries where LGV is more common than in Australia and who have unprotected sex with someone with the infection are also at risk. LGV is more common in parts of Africa, India, Southeast Asia, Latin America and the Caribbean.
How is it prevented?
The use of condoms and dental dams during sex, and gloves during fisting, reduces the risk of LGV. It’s important to use a new condom or glove with each sexual partner. Sex toys should be washed with soapy water between partners and protected with a condom during use.

People diagnosed with LGV, whether or not they have symptoms, should refrain from sex until they have finished their 21 day course of antibiotics, to prevent transmitting the infection to others. Once their treatment has been completed, they should also avoid sex with any partner from the last three months until the partner has been tested and treated if necessary, to avoid re-infection.

How is it diagnosed?
Anal infection with chlamydia bacteria is diagnosed by a swab from the anus; if LGV is suspected the swab can be sent to a specialised laboratory to look for the LGV specific strains of chlamydia. If there are swollen lymph glands or abscesses, fluid from these can be tested to make the diagnosis.

Sexually active people should have regular sexual health checks to test for STIs. More information about sexual health checks can be found at:

GBM are recommended to have a full STI screen at least once a year; those who engage in high risk sexual behaviours should be tested up to four times a year:

Anyone with symptoms of an STI should avoid sex and seek STI testing from a general practitioner or sexual health clinic. If a person has anal symptoms and their anal chlamydia test is positive, they should check that their doctor has sent a swab to the laboratory for LGV testing.

How is it treated?
Antibiotics are effective in treating LGV. Three weeks of treatment are needed to treat LGV properly.

Painful swollen lymph nodes may need to be drained using a needle. Sometimes surgery is required in later stages of the disease.

People with a diagnosis of LGV should avoid sexual contact until after their 21 day course of antibiotic treatment is completed, so that they do not pass LGV onto others.

Notification and testing of sexual partners of people diagnosed with LGV is important for stopping spread of the infection. All sexual partners in the month prior to the onset of symptoms should be notified. If there have been no symptoms, all sexual partners with the previous 6 months should be notified.

What is the public health response?
All sexual partners of someone with a diagnosis of LGV, dating back for a minimum of one month before the onset of symptoms, or six months if the person has no symptoms, should be tested and treated. The Sexual Health Infolink (SHIL, phone 1800 451 624) can assist with notifying partners, including those only contactable via social media or internet sex sites.

Laboratories must notify cases of LGV to the public health unit. This information is confidential. Public health staff use this data to better understand who is at risk and plan activities to prevent new infections in the future.

Further information
- The Sexual Health Infolink, https://www.shil.nsw.gov.au or freecall 1800 451 624 weekdays from 9am to 5.30pm
- Information about sexually transmissible infections for GBM, see: http://www.thedramadownunder.info/
- Play Safe, see: https://playsafe.health.nsw.gov.au/
- Information about STIs for Aboriginal women and men, see: http://www.bettertoknow.org.au/