**What happens if my LGV is left untreated?**

LGV can cause scarring and swelling of the skin and blockages in the bowel. It can also cause permanent swelling of the genitals. Rarely the infection may spread via the bloodstream causing inflammation of the joints or liver.

**Can I catch LGV again?**

Yes you can.

To prevent this ensure your partner has been treated before having sex with them again. Protect yourself with new partners by using a condom for all anal, oral and vaginal sex.

If you meet a new partner make sure that you both have a sexual health screen before you have sex without condoms.

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This leaflet is produced by the Clinical Effectiveness Group of the British Association for Sexual Health and HIV (BASHH). Its contents are based on information contained in the BASHH LGV Guideline 2013.

More information: www.bashh.org/guidelines
**Lymphogranuloma venereum (LGV)**

**LGV – the basics**
Lymphogranuloma venereum, or LGV, is a curable sexually transmitted infection (STI) caused by a bacterium (a kind of germ) from the chlamydia family. LGV can infect the genitals, anus, rectum (back passage), throat or lymph glands in the groin. In some cases LGV causes a fever (high temperature) abdominal pain and a feeling of being generally unwell. Men may notice a discharge of mucus and/or blood from the rectum, pain when they pass a motion or have passive (receptive) anal sex. They may be constipated or have loose motions or a feeling that they have not completely emptied their bowels after passing a motion. Some men notice an open sore or ulcer near the anus or on the penis.

LGV in women is very rare in the UK. Some people with LGV may not get any symptoms but they can still pass the infection on to their sexual partners. Prompt treatment is recommended to prevent more serious problems. If not treated, LGV can cause permanent swelling of the genitals and blockage of the bowel.

**How common is LGV?**
LGV used to be very rare in Europe. Most cases were seen in people who had had sex in tropical regions such as parts of Africa and Asia. However, in 2004 LGV outbreaks were reported in the Netherlands. These infections affected men who have sex with men (MSM), especially HIV-positive MSM. LGV quickly spread to other European countries including the UK. LGV remains very rare in heterosexual (straight) people in the UK.

**How do I get tested for LGV?**
A swab is taken from the rectum, vagina, throat, or an ulcer (if you have one). If this sample tests positive for chlamydia and your doctor suspects LGV infection, the swab undergoes further specialist testing for LGV. This can take up to three weeks.

**How is LGV treated?**
LGV is usually treated with an antibiotic called doxycycline which is taken twice a day for three weeks. Sometimes different antibiotics are used. As the result of the LGV test can take three weeks to come back, your doctor may advise you to start treatment before the final result is available.

**Important information about your treatment**
The antibiotics are highly effective if taken correctly. All treatment from sexual health clinics is free and is given to you in the clinic.

**What about my partner?**
As LGV is sexually transmitted it is important that all the sexual partners you’ve had in the last 3 months are tested for LGV and other STIs too. This is known as partner notification. If you wish and with your permission, the clinic can contact your partners for you without mentioning your name.

**When can I have sex again?**
You must not have sex (this includes oral sex and sex with condoms) until both you and your partner have taken all your antibiotic treatment.