



LYMPHOGRANULOMA VENEREUM

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Lymphogranuloma venereum (LGV) is a sexually transmitted bacterial disease. Infection occurs after direct contact with the skin or mucous membranes of an infected partner. The organism then travels through the lymphatic's causing disease of the lymphatic tissue. This disease is most commonly seen in Central and South America. It is more common in men than women and HIV is the main risk factor.

The main culprits of LGV are three different kinds of Chlamydia. However, the same bacteria that cause genital Chlamydia do not cause LGV.

LGV presents in 3 stages:

1. **Primary Lesion:** A small painless papule presents on penis, cervix, or vaginal wall 5 to 21 days after contact with infected partner. The lesion usually heals within 1 week. However because the lesion is asymptomatic it often goes unnoticed.
2. **Inguinal Stage:** Develops 1 to 6 weeks after primary lesion heals. Unilateral or sometimes bilateral involvement of the inguinal lymph nodes is seen with associated fever, myalgia and arthralgia. Most men present during this stage. Inguinal lymphadenopathy only develops in 20 to 30 percent of women so they are usually asymptomatic during this stage. As the disease progresses the lymph nodes become tender and fluctuant, sometimes leading to ulceration which are then referred to as buboes. When the inguinal lymph nodes above and the femoral lymph nodes below the inguinal ligament enlarge this creates the "groove sign".
3. **Genitoanorectal syndrome:** This often presents years after infection and occurs primarily in women and men who have sex with men. Since most women are asymptomatic in first two stages, majority of them present in this stage with rectal manifestations. They often present with proctocolitis, which is inflammation of the rectum and colon that causes discomfort and bleeding.

Diagnosis depends on serologic and nucleic acid amplification tests for confirmation. The Chlamydia organism is difficult to culture.

The treatment of choice is with the antibiotic **doxycycline**. Alternative regimens include antibiotics such as erythromycin and sometimes azithromycin. Treatment is warranted in sexual partners if contact was within 60 days before the onset of the primary patients' symptoms. Lymph nodes that are fluctuant should be aspirated. Incision and drainage of lymph nodes is not recommended.

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