

Lymphogranuloma Venereum (LGV)

- Caused by *C. trachomatis* serovars L1, L2, or L3 (539,540)
- Can cause severe inflammation and invasive infection,

LGV S/S

- Tender inguinal or femoral lymphadenopathy
 - common presentation
 - typically, unilateral
 - may cause obstruction of lymph flow and chronic swelling of genital tissues
 - LGV-associated lymphadenopathy can be severe, with bubo formation from fluctuant or suppurative inguinal or femoral lymphadenopathy.
- Proctocolitis (mucoid or hemorrhagic rectal discharge, anal pain, constipation, fever, or tenesmus)
 - the most common presentation of LGV infection in rectal exposure.
 - If it is not treated early, can lead to chronic colorectal fistulas and strictures; reactive arthropathy has also been reported.
- Genital ulcer, sometimes occurred at the site of inoculation
 - A self-limited and the lesions have often disappeared by the time of seeking care

LGV treatment

1st Line treatment	Alternative treatment
Doxycycline ² 200 mg OD x 14days	Azithromycin 1gm weekly x3 weeks

¹ Ciprofloxacin, Fluconazole and Podophyllin should not be used for pregnant or lactating women. Ciprofloxacin should not be used in children < 16yrs. Doxycycline not for children < 8yrs

References:

- CDC, Sexual Transmitted Infection Treatment guideline 2021, Lymphogranuloma Venereum (LGV); <https://www.cdc.gov/std/treatment-guidelines/lgv.htm>; accessed at 24th Sep 2025 (3:00 pm, Myanmar time)
- Merck Manuals, Lymphogranuloma Venereum (LGV); <https://www.merckmanuals.com/professional/infectious-diseases/sexually-transmitted->

[infections-stis/lymphogranuloma-venereum-lgv](#); accessed at 24th Sep 2025 (3:00 pm,
Myanmar time)

- MAM STI guideline 2023