

Two forgotten STIs are making a comeback

By Dr. Claude Fortin

You may know all about gonorrhea, chlamydia and herpes, but chances are syphilis and lymphogranuloma venereum (LGV) were left off your grade 9 Sex Ed curriculum. Less than a decade ago, these two sexually transmitted infections (STIs) were nearly unheard of, but over the past few years, they've re-emerged as a serious threat, particularly to those living with HIV.

The current epidemic of syphilis and LGV is spreading most rapidly among men who have sex with men, but like HIV, these STIs don't discriminate. Alarmingly, a good number of people who have syphilis, and over half of those with LGV are also living with HIV. Luckily if caught early, syphilis and LGV are both easily treatable.

Transmission

Syphilis is acquired through direct contact with a person who has the disease. You can get syphilis through vaginal, anal and oral sex. LGV, on the other hand, is transmitted most commonly through anal sex and "fisting" (inserting a hand into the rectum, forming a fist during or after insertion). People with either of these diseases may not know they're infected since symptoms are often unnoticeable or altogether absent.

Having syphilis or LGV makes it easier to both transmit or acquire HIV.

Signs and symptoms

Syphilis evolves in three stages. First, a **chancre** develops at the spot where the bacteria that cause the infection (*Treponema pallidum*) enter the body — usually on the vagina, penis, anus or in the rectum. This often painless sore can show up several weeks after the initial exposure and often goes completely unnoticed. The chancre usually heals on its own as the disease progresses to the next phase.

Secondary syphilis develops six to eight weeks after the primary infection. It usually starts with a rash, most commonly on the chest and limbs. Other symptoms include fever, headache, joint and muscle pain, swollen lymph nodes and hair loss. In a small number of cases, bacteria migrate to the brain, causing serious complications like vision or hearing loss and facial paralysis. People living with HIV are at greater risk of these complications. Most of the time, though, symptoms of secondary syphilis go away on their own and, untreated, the disease will enter a **latent** phase that can last several years.

Dr Claude Fortin is a microbiologist and infectious disease specialist at Hôpital Notre-Dame's UHRESS unit in Montreal. He sits on Quebec's National Health Institute's committee on sexually transmitted infections.

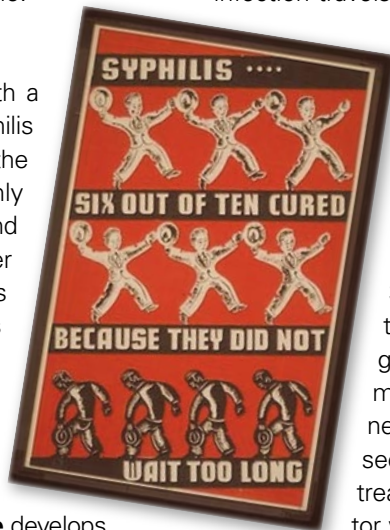
Once the disease enters the last stage (tertiary syphilis), damage to the heart, brain and bones may be irreversible.

LGV infection can also go unnoticed in its early stages. A painless sore or lump may appear where the bacteria (a type of chlamydia) penetrate the skin. A couple of weeks later, the infection travels to the closest lymph nodes. Most of the cases we're now seeing involve a painful inflammation of the rectum, sometimes with abnormal discharge (either clear or with pus or blood), itching, constipation or the constant urge to defecate. Other times, the lymph nodes of the groin become swollen and painful.

Treatment

Syphilis is diagnosed through a simple blood test and can be cured with antibiotics, usually given by injection. If you're diagnosed with primary syphilis, you should inform all sexual partners from the last three months (six months for secondary syphilis) so they can get tested and treated if necessary. To diagnose LGV, your doctor will take a swab from your anus, urethra or cervix. If your test comes back positive, your doctor will prescribe the appropriate antibiotics and you'll need to contact anyone with whom you've had sexual contact within the last 60 days.

In both cases an early diagnosis ensures you get treatment before any serious complications develop and prevents you from passing the disease on to others. Always follow your doctor's instructions on treatment, including follow-up, so that he or she can make sure the antibiotics worked properly. **R**



Safe sex tips

- Always use a condom
- Thinner, non-lubricated or flavoured condoms are better for oral sex
- Wear latex gloves during "fisting"
- Always clean toys before sharing
- The more partners you have, the more often you should get tested for syphilis, LGV and other STIs