Genital Hospital

Penises and vaginas can spread plenty of joy--and STDS, among HIVers in particular.

February 1, 2004 By Tim Murphy

Syphilis A sneaky sexually transmitted disease (STD), it's on the rise, especially among gay guys. It spreads during oral, anal or vaginal sex via painless sores (early stage) or non-itchy rashes (second stage, usually on palms and soles). Treat it early on with penicillin—otherwise, dementia, blindness and death may result years later. It can also make your HIV more infectious. Have you played with someone who has syph? Played around? Get screened. **Money shot:** You can get syphilis more than once.

Genital herpes (HSV-2) This incurable virus causes outbreaks of nasty sores in and around the genitals and butt—plus itching, burning and pain. Flare-ups tend to be more frequent and severe in HIVers, and make our HIV more contagious. Sound familiar? Ask Doc about "suppressive" (daily long-term) therapy with Valtrex (valacyclovir), Zovirax (acyclovir) or Famvir (famciclovir). Natural remedies include the amino acid lysine and avoiding chocolate, peanuts, oats, whole wheat and white flour, which contain arginine, an aggravator. **Money shot:** *A female herpes vaccine is in trials (sadly, closed to women HIVers).*

HPV (human papillomavirus) Blame it for genital and anal warts, treatable with creams, gels or "freeze-it-off" cryotherapy. HPV is more common among HIVers, where it's more likely to cause dysplasia (precancerous cell growth) and cervical or anal cancer. Every six months, HIVers must get cervical Pap smears and (regardless of gender) anal smears if having anal sex. These can detect abnormal cell growth, as can wart biopsies. Then a pushy colposcope or anoscope determines the growth's grade, or severity. Treatments range from freezing or lasering high-grade dysplasia to surgery, radiation or chemotherapy for active cancers. **Money shot:** *A recent study found that the percentage of women HIVers with active HPV—the kind that causes cancer—was much lower than suspected.*

Gonorrhea and chlamydia These bacterial STDs are easily treated with antibiotics. Women may get abdominal or pelvic pain, vaginal discharge, or bleeding between periods; men can have burning while peeing, discharge from the penis, or swollen or painful testicles. But many cases have no visible signs, so get tested regularly if you're sexually active. **Money shot:** *Untreated, these diseases can travel up from the vagina and cause pelvic inflammatory disorder (PID), a serious infection whose symptoms include abdominal pain and irregular periods. PID often requires hospitalization and intravenous antibiotics.*

Yeast infections This one’s not an STD, and it’s for the gals: HIVers—especially those with low CD4s—get these smelly, cottage-cheesy bouts of vaginal Candidiasis more often (and in a harder-to-treat form) than neggies. Start with over-the-counter creams like Gyne-Lotrimin or suppositories like Mycelex. No luck? Ask Doc to prescribe an oral med like Nizoral (ketoconazole) or Diflucan (fluconazole)—unless you’re pregnant. Wear cotton undies and loose pants or skirts; skip deodorant tampons and sprays; avoid antibiotics (if you can), steroids and the Pill (if you have to take these, add acidophilus supplements). Replace yeasty starches and sugars in your diet with acidophilus supplements and soy products. **Money shot:** *Dump the douche: It washes away the natural “good” bacteria you need to fight the yeasty beast.*

Condom Sense

HPV, syphilis, and herpes sometimes live near-but not directly on-your genitals, so condoms only partially stop them. Condoms are better at preventing gonorrhea and chlamydia-and at blocking HIV, no matter what the Vatican says (See Editor’s Letter and Comic Relief). **Money shot:** *Condoms can help keep HIVers safe from STDs (and from getting a second HIV strain).*

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