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Common Gynecologic Concerns for People Living with HIV

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Image



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For people living with HIV, there are many aspects to staying healthy. Part of taking care of your whole body is caring for your genital and reproductive health. For anyone with a vagina, cervix, uterus, and/or ovaries, this means getting regular gynecologic care from a healthcare provider. Gynecologic (GYN) care means screening for and treating issues affecting the internal genital and reproductive organs.

For people of all [gender identities](#), preventive care and health screenings ought to be based on their sexual and reproductive organs. This fact sheet will focus on GYN concerns commonly experienced by people with a vagina, cervix, uterus, and/or ovaries. For more information on what to expect at a GYN visit when you are living with HIV, please see our fact sheet [Gynecologic Care and HIV: What to Expect and Preparing for Appointments](#).

Some (though not all) GYN conditions are more common, more serious, and/or more difficult to treat in people living with HIV than in those who are not living with HIV. If left untreated, some GYN infections can develop into more serious conditions, such as pelvic inflammatory disease (PID) or cervical cancer.

Sexually Transmitted Infections or Diseases (STIs or STDs)

STDs, also known as STIs, are infections and diseases that are passed from person to person through [oral](#), vaginal, or anal sex. While there are more than 25 STIs, some common ones are listed here:

- [Chlamydia](#)
- [Gonorrhea](#)
- Genital warts/[human papillomavirus](#) (HPV)
- Hepatitis ([Hepatitis A](#), or HAV; [Hepatitis B](#), or HBV; [Hepatitis C](#), or HCV)
- [Herpes simplex virus](#) (HSV; genital herpes)
- Human immunodeficiency virus (HIV)
- [Syphilis](#)
- Trichomoniasis

For more details on these and other STIs, please see our fact sheet on [sexually transmitted infections](#).

Fungal Infections (Yeast Infections, Vaginal Candidiasis, Vaginitis)

Candidiasis is a very common vaginal infection caused by yeast (fungus). This fungus normally exists in the human body (including in the vagina) and lives in balance with helpful bacteria. When the yeast overgrows, you get candidiasis. Symptoms may include itching, burning, and pain around your vagina, vaginal lips, or anal area. You may also have a thick, white, cottage cheese-like vaginal discharge. Women living with HIV often have [repeated yeast infections](#) that are difficult to treat. You are more

likely to experience yeast-related problems if you:

- Have a low [CD4 cell count](#)
- Take antibiotics, steroids, or birth control pills
- Douche, wear tight underwear, or use scented soaps on your vagina
- Do not finish the full course of yeast infection treatments, whether these treatments are prescribed or over-the-counter medicine

Treatments include:

- Over-the-counter or prescription anti-fungal creams made specifically for use on the vagina (people living with HIV often need longer courses of treatment). Make sure you choose something that says it is for curing vaginal yeast infections and does not only help against vaginal itching.
- Prescription oral antifungal drugs such as ketoconazole, fluconazole, or itraconazole for difficult-to-treat infections. Many antifungal drugs interact with HIV drugs. Some of them are also not recommended for people who are pregnant. Make sure your healthcare provider knows what HIV drugs you are taking and whether you are [pregnant](#) or are [trying to become pregnant](#).

Preventing Yeast Infections

If you douche, you may want to consider limiting how often you douche or stop douching altogether. Douching reduces levels of helpful bacteria in the vagina and is not recommended.

Lastly, because yeast grows best in moist areas, wearing looser-fitting pants or underwear can help prevent yeast infections. Cotton underwear lets air through better than underwear made of polyester or nylon. Underwear that "breathes" can help stop yeast from growing too much.

Pelvic Inflammatory Disease (PID)

PID refers to inflammation in the upper genital or reproductive tract (which includes your ovaries, uterus, and fallopian tubes.) PID is often caused by common infections, including the sexually transmitted infections gonorrhea and chlamydia. PID starts after these infections move from the vagina to ovaries, uterus, and fallopian tubes. There they can cause serious damage and lead to infertility (difficulty getting pregnant).

The most common symptoms of PID are lower belly pain, irregular menstrual cycles, vaginal bleeding when you are not having your period, vaginal discharge, and painful or frequent urinating ("peeing"). People living with HIV who develop PID should be carefully followed by their healthcare providers. They may need to be treated with antibiotics in a hospital.

Fibroids

Uterine fibroids are tumors, but they are almost always benign (not cancerous). Fibroids are made of muscle cells and other tissues that grow in and around the wall of the uterus (womb). Fibroids are very common in people of reproductive age who have uteruses. Research shows that up to 80 percent of people with a uterus will develop at least one fibroid by the time they reach age 50.

No one knows for certain what causes fibroids. People whose family members have had fibroids are more likely to also have them. People who are very heavy (overweight) are also more likely to develop fibroids. It is well known that Black women are highly vulnerable to fibroids, though the reasons why are also not well understood. Studies show that Black women are more likely than white women to:

- have fibroids at all

- have them be larger and more numerous
- develop them when they are younger
- have far more severe symptoms
- undergo a hysterectomy (surgery to remove the whole uterus) as treatment for fibroids

Symptoms of fibroids can include:

- Heavy or painful periods or bleeding between periods
- Feeling "full" in the lower abdomen
- Lower back pain
- Urinating often
- Painful sex
- Pregnancy complications, including greater likelihood of surgical birth (abdominal or cesarean birth)
- Reproductive concerns in rarer cases, including miscarriage or infertility

Treatment for fibroids can depend on how serious the symptoms are, where the fibroids are located, and/or the person's plans for carrying a baby. If you have fibroids and are pregnant or want to become pregnant, talk with your healthcare provider. Many people with fibroids have healthy pregnancies and births.

Treatment options include:

- Watchful waiting if the person has no symptoms, or their symptoms are mild, to see if fibroids start to go away on their own
- Drug therapy with over-the-counter medications for pain, birth control to regulate heavy periods, or in some cases hormone therapy (has many limitations and side effects)
- Procedures to remove only the fibroid(s)
- Surgery that removes the fibroid(s) or the entire uterus (hysterectomy)

Some research has shown that women living with HIV are not more likely to have a hysterectomy for conditions like fibroids than women who are not living with HIV, suggesting that HIV alone does not make these conditions more severe.

Some people who have fibroids experience no symptoms at all, or very mild symptoms. This is part of why it is important to have regular GYN visits. Even if you have no symptoms, your healthcare provider may be able to feel fibroids during a routine pelvic exam. Then they can begin to monitor (watch) your condition or offer treatment if needed.

Menstrual (Period) Changes

Many people living with HIV experience menstrual changes or problems. These changes to your menstrual cycle (or period) are less common if you have a high CD4 count and are taking HIV drugs. For more information on these changes and the effects of HIV and HIV drugs on the menstrual cycle, see our fact sheet on [Menstrual Changes](#).

Menopause

Menopause usually occurs in women from 38 to 58 years of age because of natural changes in the body. The ovaries make less estrogen (a feminizing [hormone](#)), which leads to symptoms of menopause, including irregular periods (differences in how much you bleed, how often or for how long), hot flashes (suddenly feeling very hot without a good reason), night sweats (sweating a lot at night), difficulty sleeping, and vaginal dryness (the vagina is drier than usual, even during sex).

Some studies have suggested that women living with HIV may experience menopause earlier than HIV-negative women. This may be due to [anemia](#), lower hormone production, illness, weight loss, effects of HIV drugs, effects of street drugs, or [smoking](#).

For more information about menopause, its symptoms, and options for relieving those symptoms, see our fact sheet on [Menopause](#).

Abnormal Cervical Cells

The Papanicolaou test (Pap test or Pap smear) helps detect abnormal cell growth (dysplasia) or cancer in the cervix (entrance to the womb) or anus ("butt"). People with a cervix who are living with HIV should have a cervical screening test when they are first diagnosed with HIV and at regular intervals thereafter. People who become pregnant should have a Pap smear at their first prenatal appointment. See our fact sheet on [Gynecologic Care and HIV: What to Expect and Preparing for Appointments](#) for more information on Pap smears.

Dysplasia is caused by the human papillomavirus (HPV). Most sexually active people will have HPV at some point but generally get rid of the infection naturally. Because HIV weakens the immune system, people living with HIV are more likely than HIV-negative people to have an HPV infection that continues (persists). There are vaccines against some of the strands of HPV that can cause cancer. See our fact sheet on [Human Papillomavirus \(HPV\)](#) for more information.

Abnormal cell growth is more common in women with advanced HIV disease and low CD4 cell counts. It is often more severe and difficult to treat than in HIV-negative women. Untreated dysplasia can lead to cervical cancer, which can be life threatening. For more information, see our fact sheet on [Cancers](#).

Ovarian Cysts

Ovarian cysts are small fluid-filled growths on the ovaries (two organs – one on either side of your lower belly – in which your eggs are located). They may not cause any symptoms, but if they get large, you may feel pressure, bloating or swelling in your lower belly. While these cysts are normally not a problem, in rare cases they can be a symptom of ovarian cancer. Even when cysts are not cancerous, they may break open, causing sudden, severe pain in your lower belly. If you experience such pain, you should seek emergency medical care.

Chronic Pelvic Pain

Pain in your pelvis (lower part of your belly) can have many causes, from menstrual cramps to cancer. Chronic (long-lasting) pain can be caused by some of the issues discussed above, such as pelvic inflammatory disease, fibroids, or ovarian cysts. Digestive problems, such as irritable bowel syndrome or a painful bladder, or problems with muscles and joints in that area of your body can also cause pelvic pain.

Talk to your healthcare provider about any chronic pain you experience, so they can find the cause and recommend an appropriate treatment. See our fact sheet on [HIV-Related Pain](#) for information on how to assess and manage pain.

Endometriosis

Another common condition is endometriosis, in which tissue that is similar to uterine tissue (lining of your uterus, or womb) grows in places other than inside the womb. Bad menstrual cramps and very heavy menstrual flow can be symptoms of endometriosis. Endometriosis is technically an inflammatory disease, and can grow in parts of the body other than the reproductive system in rare cases.

Uterine tissue in other parts of the body can lead to scarring and can cause organs to stick to one another, which can be very painful. Endometriosis may also (but does not always) make it more difficult to become pregnant, and infertility is more common in people with endometriosis than in those who do not have this condition. If you have very heavy periods and cramps that are not controlled with over-the-counter pain relievers, it is a good idea to talk with your healthcare provider about endometriosis because treatment is available.

Taking Care of Yourself

While the gynecological issues above are also faced by HIV-negative women, they may show up earlier in life or more frequently in people living with HIV, or may be more difficult to treat. If you have a cervix, uterus or breasts, it is important that you have regular gynecological check-ups to find and treat any problems early.

Additional Resources

Select the links below for additional material related to common GYN concerns.

- [STDs and HIV – CDC Basic Fact Sheet \(US Centers for Disease Control and Prevent...](#)
- [Candidiasis \(Thrush, Yeast Infection\) \(POZ\)](#)
- [Pelvic Inflammatory Disease \(US Office on Women's Health\)](#)
- [Surprising Things Women Should Know About Fibroids \(HealthCentral\)](#)
- [It's Not Normal: Black Women, Stop Suffering From Fibroids \(Black Women's Healt...](#)
- [Menopause and HIV \(aidsmap\)](#)
- [Gynecological Cancers \(US Centers for Disease Control and Prevention\)](#)
- [Human Papillomavirus \(HPV\) \(US Centers for Disease Control and Prevention\)](#)
- [Chronic Pelvic Pain \(The American College of Obstetricians and Gynecologists\)](#)
- [Ovarian Cysts \(US Office on Women's Health\)](#)
- [Endometriosis \(US Office on Women's Health\)](#)
- [Endometriosis \(World Health Organization\)](#)
- [HIV and Women's Health Issues \(HIV.gov\)](#)



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