

Bears & Health

Eating Butt: the Ifs, Ands & Butts of Rimming - part 1

If you're safer-sex conscious, how can you be at peace about rimming?

To rim or not to rim, that is the question. Whether 'tis nobler... As with any difficult question, truth and honesty are the best place to start. So start by admitting that rimming is high on your list of pleasures, if that's the case. Simple and easy enough, you might say, but in a world where homophobia and erotophobia still run so deep, we can still have trouble acknowledging non-vanilla preferences, even to ourselves.

OK, so you like to eat butt and admit it. It's that level of honesty and willingness you need to be open to discussing the risks and how they might be minimized.

First the good news. Two of the most serious diseases out there—HIV and hepatitis C—are not likely to be transmitted via rimming. If you have an open sore in your mouth and the man you're rimming is bleeding from his colon or rectum, there is at least in theory some risk, just as there is from deep mouth kissing when you have an open sore in your mouth and your infected partner has blood in his. But the risk of acquiring HIV or hep C from rimming must be very low, compared with that of barebacking.

A more complicated risk exists for syphilis, and gonorrhea. Although you wouldn't get these from contaminated fecal matter, you could acquire a syphilitic chancre and gonorrhea of the throat from direct contact of your mouth (lips/tongue) with an infected asshole just as you could from sucking an infected dick.

Now for the bad news. Anilingus, the nice medical term for licking hole, can expose you to a number of other STD's—hepatitis A, hepatitis B, herpes,

amebiasis, parasites and other forms of dysentery with protozoa, bacteria and other viruses. Many of you are too young to remember the epidemic of amebiasis that swept the gay community in the decade preceding the arrival of HIV (in the mid-to-late 1970's). It was a serious and widespread problem but was also overdiagnosed and excessively treated. It was our biggest health scourge prior to AIDS and it's still around.

So what can you do to lower your risk? If you are uncertain whether you've ever had hepatitis A and hepatitis B, one of the most valuable things you can do would be to get tested. If those tests are negative (indicating no evidence of prior infection), you should get vaccinated. Vaccines for both of



these common forms of hepatitis, both transmitted by rimming (A more easily than B), are widely available.

The A, B, C's of hepatitis have been reviewed in earlier columns. But a few facts about these potentially serious ailments bear repeating. Typically, hep A causes fatigue, loss of appetite, nausea, and jaundice. It can be debilitating, placing you out of commission for several weeks, but when it's finished, it's

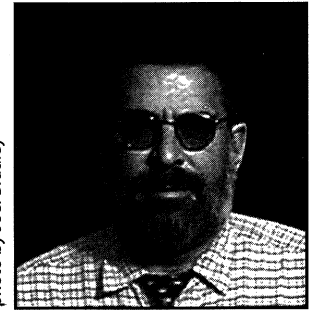


photo by Joel Bradley

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over and you are then immune to hep A.

Hep B can cause the same symptoms, which can be severe, but most cases are "subclinical"—so mild you only know you've had it when a routine blood test for hep B antibody comes back positive. In most cases, that means you had the disease at some indeterminate time in the past. Like hep A, hep B usually clears up and leaves you immune. Unlike hep A, however, hep B can progress in some patients to chronic forms, which can be serious. Some patients with chronic hep B eventually develop advanced liver disease (cirrhosis), usually over many years, which can lead to liver failure, an often fatal complication the only real treatment for which is liver transplantation, a high-risk and very costly procedure that is additionally fraught with the problem of there being so few donor livers available. Chronic hep B also predisposes to cancer of the liver. Legendary activist/writer Larry Kramer had to have a liver transplant last year for precisely this problem of chronic active hep B (CAHB) with cirrhosis. Although he's doing great, and although the risk of acquiring CAHB is low, this clearly is a disease you want to avoid if you can. So the issue of vaccination for immunization against hep A and B should be a high priority for any sexually active gay man who happens to be hep A and especially hep B antibody negative.

Next issue: Butthole Buffet: Part 2—More on Risks/Precautions/Prevention