

Title:

Rectal inflammatory stenosis secondary to Chlamydia trachomatis: a case report

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Rectal inflammatory stenosis secondary to *Chlamydia trachomatis*: a case report

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Dear Editor,

Lymphogranuloma venereum (LGV) is a sexually transmitted infection caused by *Chlamydia trachomatis* with an increasing incidence (1). The treatment is medical, except in refractory or complicated cases.

Case report

We present the case of a 30-year-old man with a history of HIV with suspected proctitis who underwent a colonoscopy where a pathological mucosa with purulent exudate in the rectosigma was found. Malignancy was ruled out and the microbiological analysis of the stool was positive for the herpes simplex virus type 2 and *Chlamydia trachomatis*. The patient was treated with valganciclovir and azithromycin, and showed an improvement of the clinical infectious disease but suffered progressive constipation. A new rectoscopy showed a fibrotic and ulcerated lesion in the distal rectum (Fig. 1). The biopsy and microbiological analysis were negative. Due to the persistence of the symptoms with conservative treatment, an ultra-low anterior rectum resection with coloanal reservoir and ileostomy was

performed. After a complicated postoperative period, the bowel transit was reconstructed without complications. The immunohistochemical study was also negative. The patient is currently in follow-up with no reported complications.

Discussion

The LGV is an emerging public health problem in Europe in recent years, mainly in men who have sexual intercourse with other men and patients with HIV (1,2). Cases tend to be mild although complications such as fistulas or stenosis may occur (3). Medical treatment is the first option, and in refractory or complicated cases surgery is a good option.

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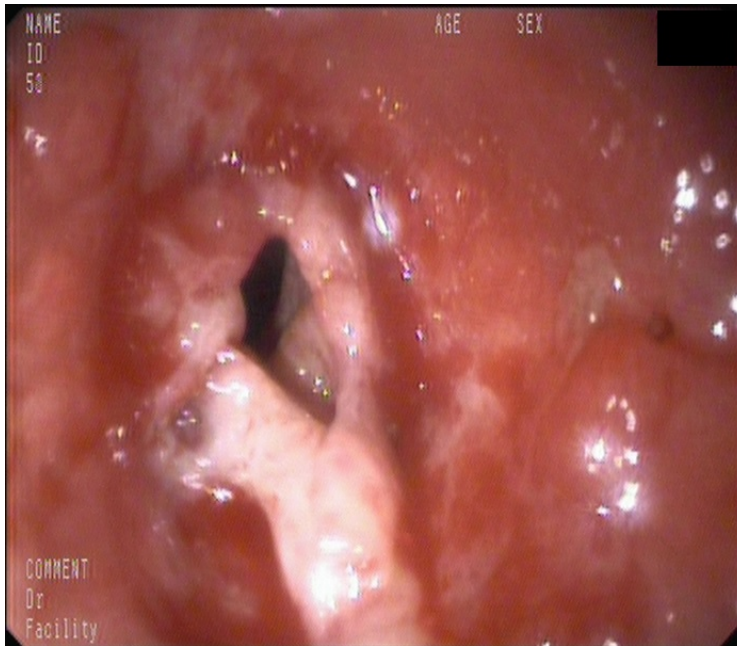


Fig. 1. Rectoscopy. Fibrotic and ulcerated lesion in the distal rectum.

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