

Title: Atypical lymphogranuloma venereum mimicking an anorectal neoplasm

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DOI: 10.17235/reed.2018.5631/2018

Link: PubMed (Epub ahead of print)

Please cite this article as:

García-Mayor Fernández Ricardo Lucas, Fernández Gonzalez María, Martínez-Almeida Fernández Rafael. Atypical lymphogranuloma venereum mimicking an anorectal neoplasm. Rev Esp Enferm Dig 2018. doi: 10.17235/reed.2018.5631/2018.

<h1>Revista Española de Enfermedades Digestivas</h1> <p>THE SPANISH JOURNAL OF GASTROENTEROLOGY</p> <p>Acceso al texto completo en: www.rned.es o www.sespai.es</p> <p>ÓRGANO OFICIAL DE: SOCIEDAD ESPAÑOLA DE PATOLOGÍA DIGESTIVA, SOCIEDAD ESPAÑOLA DE ENDOPTOSCOPIA DIGESTIVA Y ASOCIACIÓN ESPAÑOLA DE ECOGRAFÍA DIGESTIVA</p> <p>Editor: <i>Clinical diverticular bleeding. Have we identified the risk factors for recurrent bleeding yet?</i> J. M. Bercovich-Vidal</p> <p>Trabajos Originales: <i>Risk factors for severity and recurrence of colonic diverticular bleeding.</i> N. Sánchez, P. Ceballos, R. Arias, M. Esteban and C. Gutiérrez <i>Interventions for the prevention and reduction of the other therapeutic options in the treatment of portal hypertension.</i> E. Garralda, M. de la Torre, D. Bermejo and E. López-Garrido</p> <p><i>Influence of sustained nitrate response on the regression of fibrosis and portal hypertension in cirrhotic HCV patients treated with enteral nitro-vasodilators.</i> A. Puerto, J. Calatayud, M. J. López-Fernández, J. L. Fortes, W. T. Alvaro, A. Esteban, F. Cauchete and J. C. Cárdenas</p> <p><i>Multidisciplinary questionnaire combined with body composition measurement in inflammatory anorexia: is inflammatory bowel disease a serious threat?</i> A. García, M. Bautista, J. Pérez, E. Pérez and F. Hernández</p> <p><i>A survey of endoscopists: what endoscopic quality indicators compliance (quality audit) would you like to have?</i> I. Fernández-Utrera, F. Argüelles, P. Álvarez, J. Justo and S. Berenguer</p> <p>Reseñas: <i>Endoscopic resection of colorectal polyps in patients on anticoagulation therapy: an evidence-based practice guideline for clinicians.</i> G. Ruan, M. Tamboli-Sader, C. Sartorius, F. Diaz and J. C. Caselli</p> <p>Imagenes en Patología Digestiva: <i>Sonografía de la arteria mesentérica superior: una causa infrecuente de dolor abdominal.</i> J. Benítez, P. Alfonso-Sanz and J. C. García-Pérez</p> <p><i>Hepatitis aguda intermitente.</i> A. F. Fernández-Huerta and B. Barrio-Zuluza</p> <p><i>Sonograma de Milner a punto anamorfotómico.</i> C. Oltra-Ribas, C. Ll. Fernández, J. M. Perea-Rodríguez and H. González-Torresde</p> <p><i>Endoscopia retroflexa de colonoscopia en un schwannoma paciente.</i> J. L. Bermejo-Hernández, H. L. Trujillo-Castaño and J. M. Rojas-Rodríguez</p> <p>All that glitters is not gold: A different cause for "elective colitis". A. Rosales, M. A. Vilà-Bauzá and G. Nascio</p>	<p>Factor de impacto (2015) JCR: 3.455 (Q3)</p> <p>SCOPUS: 3.142 (Q1)</p> <p>  </p> <p>Leyón de Duesseldorf: diagnóstico por patogénesis R. Ferraro-Gómez, N. M. Barnes-Foster, M. P. Novell y J. Domínguez-Muñoz 45</p> <p>Notas Clínicas:</p> <ul style="list-style-type: none"> Colitis crónica adulto: a case report and review of the literature M. A. Martínez-Orive, V. Llorente-Carbal and S. S. Lozano 47 Hemangioma hepático: Una localización infrecuente de tumor vascular I. Almendros, J. M. García-Cortés, J. Aguirre-Díaz, A. M. Quintana-Rivera 49 Urticaria pigmentosa: una presentación atípica A. García, J. M. Martínez-Orive, J. M. Martínez-Orive, C. Pérez-Carrión, A. Errando-Barceló, M. A. Ropero-Capitá, J. Aranguren-Artach y C. García-Cortés 51 Endoscopia: removal of enlarged large surgical pezuelas: a case report M. B. Rodríguez-Pérez and S. Sainz-Villanueva 53 Endoscopia: schwannoma en un anus: caso de abdomen masivo. A. Teguero, J. M. Martínez-Orive, J. Martínez-Orive, J. C. Contreras-Latorre y M. D. L. Cortés-Rodríguez 55 <p>Cartas al Editor:</p> <ul style="list-style-type: none"> Peritonitis necrotizante crónica, un tumor para histólogo M. de Berlanga, S. S. Fernández y M. H. Molina Rodríguez 79 Presentación insuficiente de información por el paciente sobre su enfermedad: una conducta infrecuente y poco conocida V. Tari, M. Varga, D. A. Aponte y V. A. Alvarez 80 Personal endoscópico: estudio por un paciente con múltiples endangiopatías digestivas Y. Tan, Z. Han y B. Liu 81 Adenocarcinoma endometrial, leiomyomatosis, enfermedad inflamatoria intestinal y síndrome de dislipoproteinemia aguda C. Sanchez-Jato, J. Gómez-Pérez y J. A. Arribalzaga-Pérez 81 Perforación múltiple de divertículos de la intestina delgado en paciente con síndrome de Ulrich-Dimitrov R. Hernández-Gómez, J. M. Martínez-Orive, P. Palencia-Gómez 83 Algecias arreata como manifestación paraneoplásica de un carcinoma de pulmón metastásico J. Álvarez-Otero, F. Fernández-Fernández y J. de la Fuente-Aguado 83 6.3 <p>Revistas 2016</p>
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CE 5631 inglés

Atypical lymphogranuloma venereum mimicking an anorectal neoplasm

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Key words: Lymphogranuloma venereum. *Chlamydia trachomatis*. Anorectal tumor.

Dear Editor,

Lymphogranuloma venereum (LV) is a sexually transmitted disease (STD) caused by *Chlamydia trachomatis* (1) that has nonspecific manifestations, which usually delays diagnosis and treatment (2).

Case report

A 40-year-old homosexual male presented due to bowel habit changes, rectorrhagia and weight loss. He had a family history of colorectal cancer, his father was diagnosed with rectal cancer at age 54. No suspicious genital or perineal lesions were found during the physical examination and the digital rectal exam identified an ulcerated, friable mass in the anal canal.

An abdominal computed tomography (CT) scan was performed, which showed a neoplasm-like hyperdense area in the rectum-anus in association with multiple lumen-narrowing adenopathies with peripheral rim enhancement in the perirectal space. There was also evidence of rectosigmoid mesocolon infiltration. Colonoscopy revealed an ulcerated, anfractuous lesion with raised borders that was consistent with a malignancy in the anal canal. There were two extrinsic compressive nodules in the rectum with an unscathed mucosal surface (Fig. 1). A nodular lesion 10 cm away from the anal margin was identified via rectoscopy, with raised borders and a central depression. These lesions and a crater-like ulceration were biopsied. An ultrafast polymerase chain reaction (PCR) test was performed for the detection of *Chlamydia trachomatis* in biopsy samples. The

results were positive and doxycycline at 100 mg was prescribed every 12 hours for 21 days, which resolved the clinical presentation. Both biopsy samples showed lymphoid tissue and no evidence of malignancy.

Discussion

LV is an STD that may present with atypical clinical manifestations. A differential diagnosis should include tumors and inflammatory conditions. LV requires both a clinical and endoscopic diagnosis for early treatment and must be included in the differential diagnosis for individuals with associated risk factors (3).

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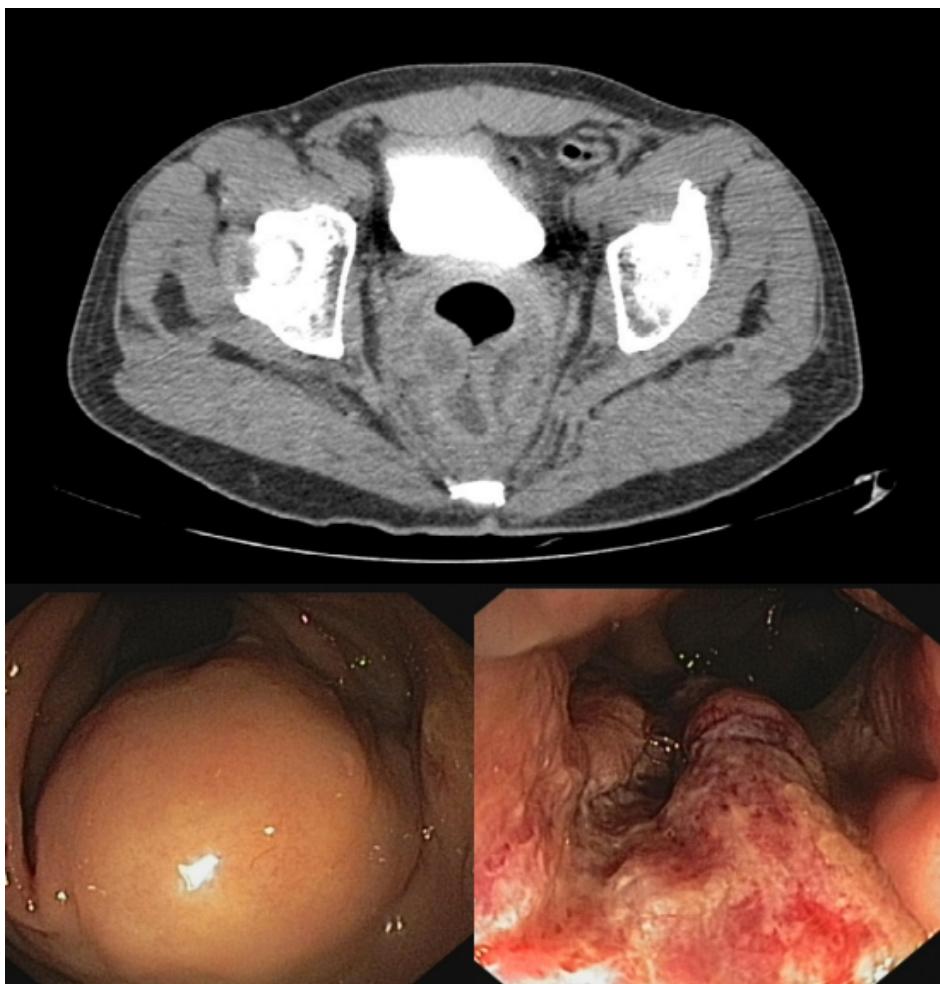


Fig. 1. A. Computerized tomography showing a hyper-dense area in the rectal-anal region that is consistent with a neoplasm with multiple perirectal space and lumen-narrowing adenopathies with peripheral enhancement. B. An endoscopic image of nodular lesions that result in extrinsic compression and unscathed mucosa. C. An endoscopic image of an ulcerated, anfractuous lesion in the anal canal.