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# Atypical lymphogranuloma venereum mimicking an anorectal neoplasm

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*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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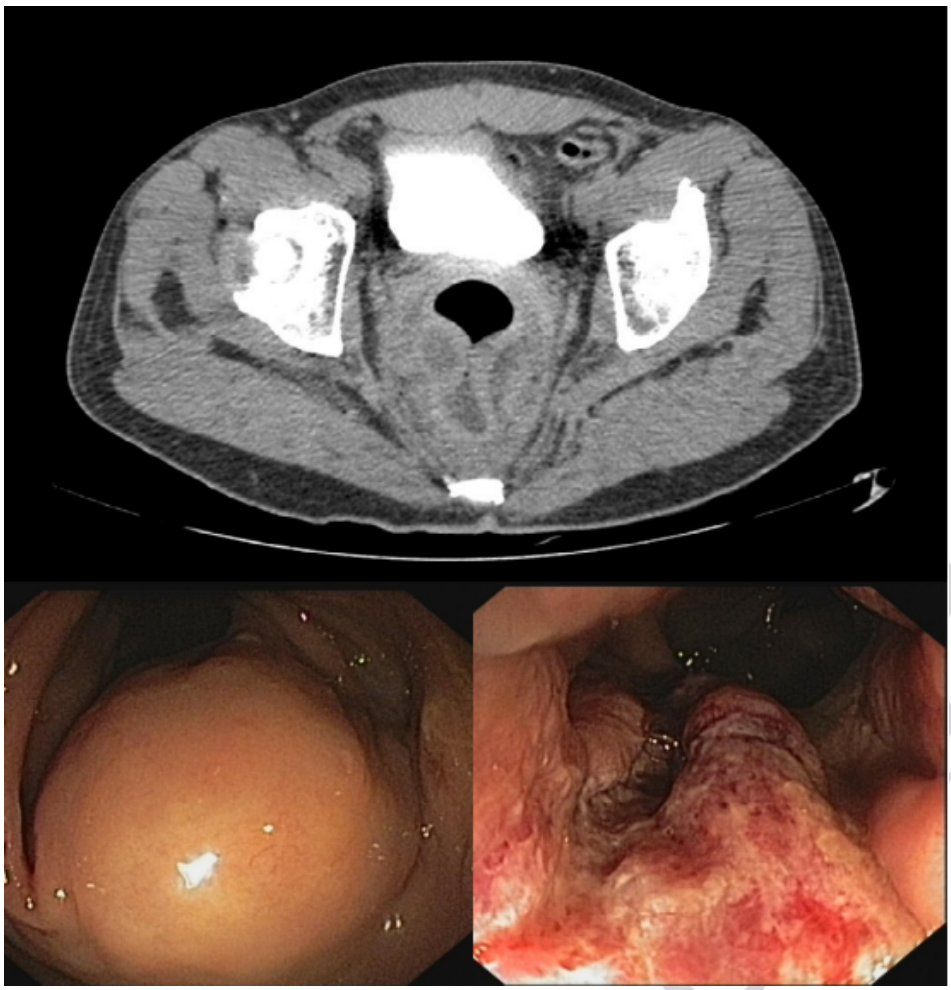

Fig. 1. A. Computerized tomography showing a hyper-dense area in the rectal-anal region that is consistent with a neoplasm with multiple perirectal space and lumen-narrowing adenopathies with peripheral enhancement. B. An endoscopic image of nodular lesions that result in extrinsic compression and unscathed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