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DOI: 10.17235/reed.2021.8147/2021
Link: PubMed (Epub ahead of print)

Please cite this article as:
Díaz Alcázar María del Mar, López Hidalgo Javier Luis, Martín-Lagos Maldonado Alicia. Proctitis in men having sex with men, anything else you can think of?. Rev Esp Enferm Dig 2021. doi: 10.17235/reed.2021.8147/2021.

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Proctitis in men having sex with men, anything else you can think of?

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Keywords: Proctitis. Ulcer. Lymphogranuloma venereum.

We report two cases of proctitis in men having sex with men:

Case 1: 34 years old and controlled HIV infection. Colonoscopy is performed due to subacute constipation, finding rectitis with aphthous ulcers, and a 35-millimeter, deep and fibrinated ulcer with irregular borders (figure 1). The PCR in rectal biopsies is positive for Chlamydia trachomatis and Neisseria gonorrhoeae, so the patient receives treatment with doxycycline and ceftriaxone with clinical improvement. Endoscopic control shows a scar where the ulcer was placed.

Case 2: 57-years-old and previous syphilis episode. He consults for abdominal pain for 4 weeks, lower gastrointestinal bleeding, tenesmus, and low-grade fever. Colonoscopy shows rectitis with ulcers. The study of rectal biopsies with PCR is positive for

Chlamydia trachomatis (figure 2), so he is treated with doxycycline for 21 days. Colonoscopy two months after shows some scars from previous ulcers.

Lymphogranuloma venereum (LV) is a sexually transmitted disease (STD) due to serovars L1-3 of Chlamydia trachomatis. It has traditionally been considered a disease of tropical and subtropical areas.[1,2] However, in the last years, its incidence has globally increased, mainly among men having sex with men.[1,2]

The first manifestation of LV may be proctitis with bleeding and tenesmus, so gastroenterologists could be the first specialists to attend these patients.[2] After a proctitis is diagnosed, it is important to assess the sexual history and consider in the differential diagnosis Chlamydia, other STDs (HPV, syphilis…), and even traumatic proctitis. The histological findings may be non-specific, so it is important the study of biopsies with PCR when an STD is suspected. This way, delays in diagnosis and treatment would be avoided, key aspects to prevent the transmission.[1,3]

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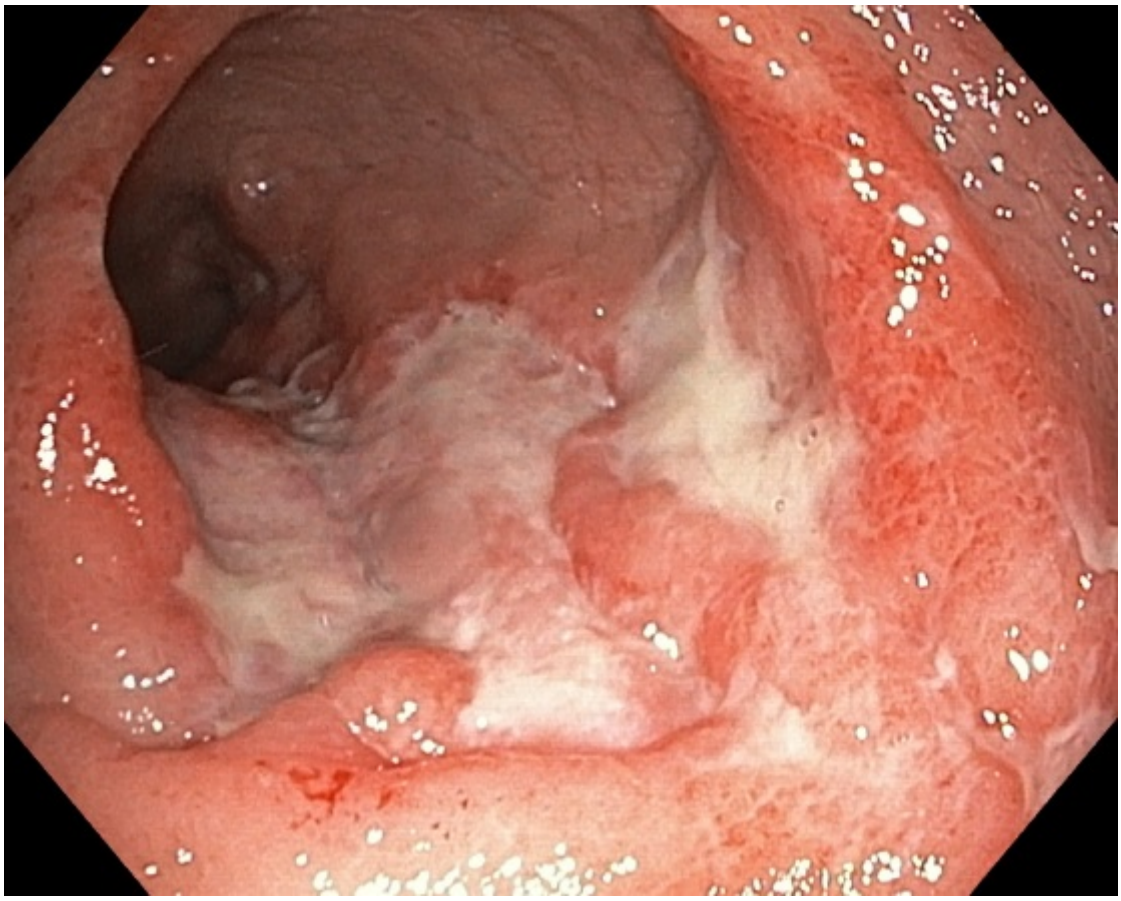

Figure 1. Endoscopic image which shows erythematous rectal mucosa with a deep fibrinated ulcer.

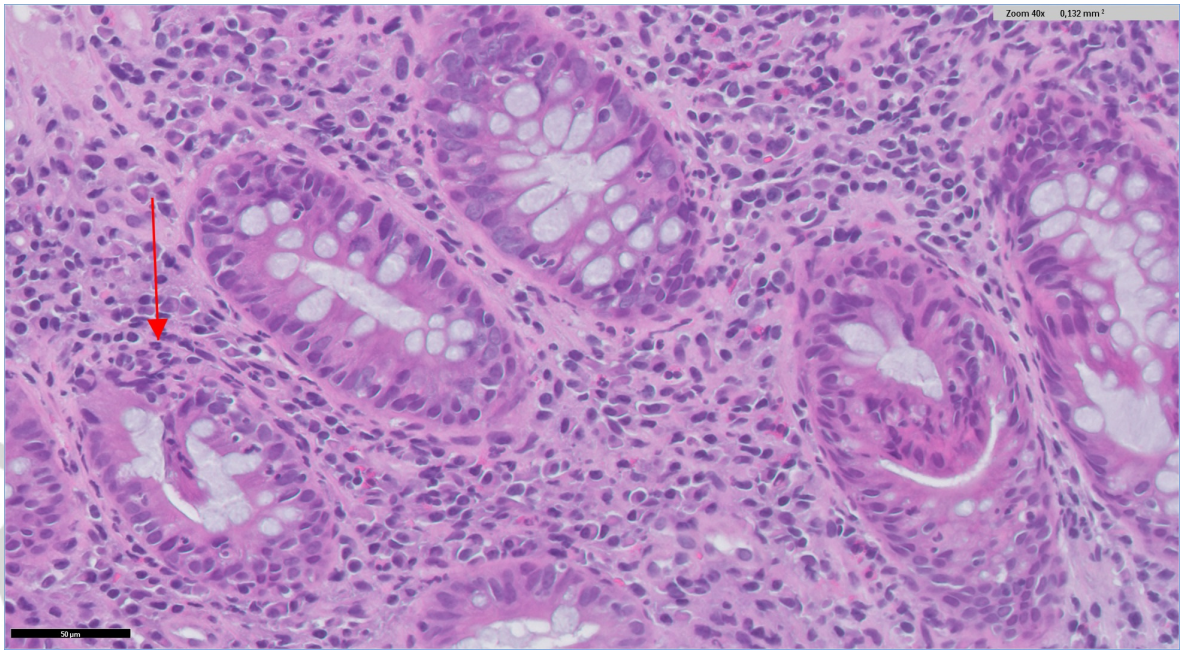

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Figure 2. Histological cut of rectal biopsies, at 40 magnifications, with hematoxylin-eosin staining showing rectal mucosa with cryptitis due to neutrophils and lymphoplasmacytic cells inflammatory infiltrate and eosinophils in the lamina propria.