MSHC
MELBOURNE SEXUAL HEALTH CENTRE

Proctitis treatment guidelines

Also known as rectal syndrome

Proctitis is the inflammation of the anal canal and distal rectum. Proctitis can be infective or non-infective.-

Causes

Sexually acquired proctitis occurs mostly among men who have sex with men (MSM) but can occur in any persons who have had receptive anal intercourse.

Sexually acquired proctitis is commonly caused by:

- *Chlamydia trachomatis* (including lymphogranuloma venereum or LGV)
- *Neisseria gonorrhoeae*
- *Herpes simplex virus* types 1 and 2 (HSV-1 and -2)
- *Mycoplasma genitalium*: Evidence for the association with proctitis is mixed. Therefore testing first line for *Mycoplasma genitalium* in men with proctitis is not recommended
- HSV, LGV and proctitis associated with combinations of the above pathogens is more common among MSM living with HIV compared with MSM without HIV
- Proctocolitis can also be caused by enteric pathogens such as campylobacter, salmonella and shigella some of which may be transmitted between men during sexual contact via the faecal-oral route

Non-infective causes of proctitis may include:

- inflammatory bowel disease (ulcerative colitis or Crohn's disease)
- radiation therapy

Clinical presentation

Sexually acquired proctitis is commonly asymptomatic.

When symptoms are present they usually include:

- pain with or without discharge
- bleeding
- tenesmus, a sensation of constantly needing to pass stool, may also be present

While painful perianal ulcers can be indicative of HSV, HSV proctitis is often not associated with the presence of visible ulcers

Diagnosis

Proctitis is a clinical syndrome and diagnosis is made where there are suggestive features on history and examination.

Proctoscopy may be a useful adjunct to the clinical examination and may show mucosal inflammation and discharge.

Proctoscopy should not be performed when examination is uncomfortable due to the presence of tender ulcers.

Laboratory testing is always required to determine the infective agent.

Test	Site/ Specimen	Comments
NAAT	Anorectal swab	For *N. gonorrhoea, C. trachomatis* (order genotype test for LGV); a positive chlamydia result alone will not distinguish between LGV and non-LGV chlamydia. Order HSV PCR even in the absence of any visible external ulceration. Consider syphilis PCR, especially when proctitis is associated with ulceration If symptoms of proctitis persist following treatment, and tests for other STIs are negative, then testing for *M. genitalium* and macrolide-resistance (PCR) may be indicated.
Culture	Anorectal swab	For *N. gonorrhoea* if rectal discharge is present
Serology	Blood	For HIV and syphilis
Microscopy	Anorectal swab	Microscopy may be useful where proctitis is associated with an anal ulcer. Dark ground microscopy may identify spirochaetes (*Treponema pallidum*). Microscopy has low sensitivity for the detection of both syphilis and gonorrhoea and false positives on dark ground microscopy can also occur due to the presence of non-treponemal spirochaetes present in the normal bowel flora. Gram stain of a rectal swab or discharge may identify gram negative diplococci indicative of gonorrhoea.
Microscopy and culture, including ova PCR for enteric pathogens	Faecal specimen	If enteric infection is suspected, for example when abdominal pain and diarrhoea are present

Management

Index patient

Condition	Recommended	Comments

Proctitis – likely to be sexually acquired	**Doxycycline 100mg PO, twice daily for 1 week** AND **Ceftriaxone 500mg IM, stat** AND **Valaciclovir 500mg PO, twice daily for 7-10 days**	Treatment of suspected proctitis should be empirical and commenced prior to test results being available. If LGV is detected, extend doxycycline to 3 weeks. Treatment should take into account the clinical picture and epidemiology of STIs in the particular patient group. As it can be difficult to distinguish clinically between symptomatic proctitis caused by chlamydia, gonorrhoea, and HSV, it is recommended that treatment of MSM with proctitis should cover all of these.
Proctitis – likely from an enteric pathogen	Refer to Enteric infections in MSM treatment guideline	
Proctitis – likely to be non-infectious		Refer to gastroenterologist if inflammatory bowel disease is suspected.

Contact tracing & partner management

Where chlamydia, gonorrhoea, *Mycoplasma genitalium* or LGV are identified, sexual partners should be notified, tested and treated on detection of the STI pathogen.