

Clinical education:

# Anorectal syndrome (proctitis)

Dr Melanie Bissessor, March 2021



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MELBOURNE SEXUAL HEALTH CENTRE

Part of **AlfredHealth**



# Session Overview










- [www.mshc.org.au](http://www.mshc.org.au)
- VIC DHHS  
[Interactive Infectious Disease Report](#)
- scenarios





# MSHC website-Health Professionals tab

Home Health Professional >

 <p>Treatment Guidelines</p>	 <p>HIV Prophylaxis</p>	 <p>STI Diagnostic tool</p>
 <p>STI Image Atlas</p>	 <p>Online Education</p>	 <p>Online clinical services</p>
 <p>Contact Tracing</p>	 <p>STI Notifications</p>	 <p>Clinical Hints</p>



# VIC DHHS Interactive Infectious Disease Report



## Surveillance of notifiable conditions in Victoria

Condition

Syphilis - Infectious

LGA name

All

Year

All

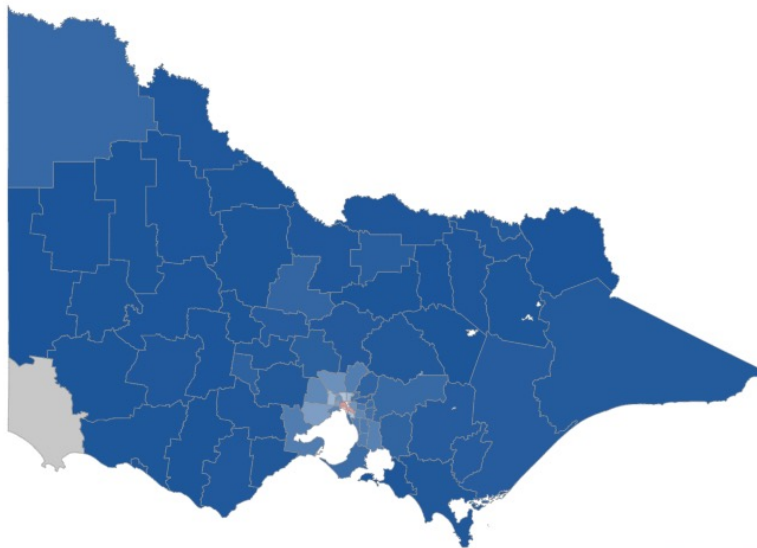
Your selections

Condition(s): Syphilis - Infectious; LGA(s): Alpine (S), Ararat (RC), Ballarat (C), Banyule (C), Bass Coast (S), Baw Baw (S), Bayside (C), Benalla (RC), Boroondara (C), Brimbank (C), Buloke (S), Campaspe (S), Cardinia (S), Casey (C), too many more to show; Year(s): 1991, 1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020



Health and Human Services

### Events by local government area



1,322

Unknown Victoria (events)



LGA name

Events

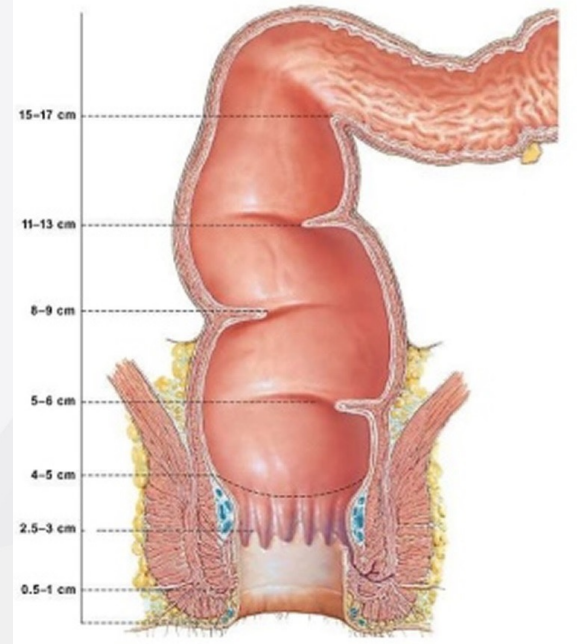
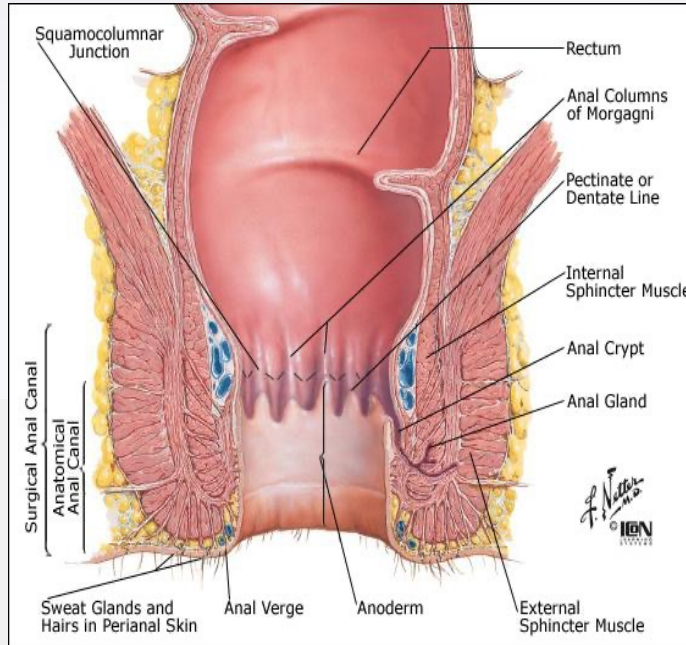
Melbourne (C)	975
Stonnington (C)	956
Port Phillip (C)	856
Yarra (C)	743
Moreland (C)	440
Glen Eira (C)	430
Darebin (C)	398
Brimbank (C)	374
Maribyrnong (C)	294
Wyndham (C)	286
Boroondara (C)	249
Moonee Valley (C)	245
Hume (C)	235
Melton (C)	202
Monash (C)	198
Hobsons Bay (C)	186
Casey (C)	177
Kingston (C)	165
Whittlesea (C)	162
Frankston (C)	160
Greater Geelong (C)	158
Greater Dandenong (C)	147
Whitehorse (C)	142
Banyule (C)	127
Bayside (C)	116
Knox (C)	115
Maroondah (C)	97
Mornington Peninsula (S)	94
Yarra Ranges (S)	83
Mildura (RC)	78
Manningham (C)	74
Greater Bendigo (C)	68



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# Anatomy





# Proctitis

- inflammation of the rectum (i.e. the distal 12 to 15 cm)
- *Proctocolitis* : symptoms of proctitis, diarrhoea/abdominal cramps and inflammation of the colonic mucosa extending 15cm above the anus



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# Symptoms

- deep seated anal pain
- PR bleeding
- rectal discharge
- tenesmus
- perianal lumps
- sores/ulcers
- rash
- itch



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# Anal Pain

- severe pain “throbbing”
- pain on defecation
- fear of defecation
- fever and malaise
- sleep disturbance
- inguinal lymphadenopathy

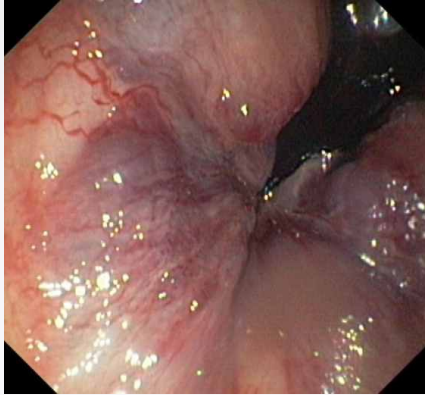


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# Haemorrhoids



- painless bleeding
  - bright and splashed on toilet bowl
- painful when thrombosed
- itch/irritation
- mucoid discharge
- history of constipation
- straining





# Ano-rectal ulcers



- painless or
- extremely painful
- history of trauma
- past history of herpes
- painful defecation
- recent constipation



# Causes

## STI

- *N.gonorrhoea*
- *C.trachomatis (LGV)*
- *T.pallidum*
- HSV
- *M.genitalium*

## Non STI

- inflammatory bowel diseases
  - Crohns
  - Ulcerative colitis
- radiation
- injury
- enemas
- antibiotics and *C.difficile*





# Acute Proctitis

- ano-rectal pain
- passing mucus
  - coating on stools
- rectal bleeding
- tenesmus
  - frequent or continuous urge to have a bowel movement





# Clinical Approach

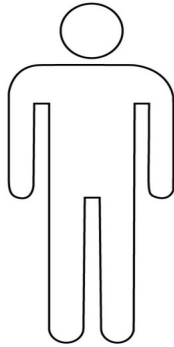
- History
  - symptomology
  - incubation period/ last sexual contact
  - past history
- Examination
  - external anal ulceration/lesion
  - discharge



# STI tool



## Proctitis in men who have sex with other men



**Inspect** the perianal area and **palpate** the anal canal for ulcers and fissures.

Anorectal swab for NAAT testing:

- chlamydia
- gonococci
- HSV
- syphilis
- Mycoplasma genitalium



- HIV serology
- Syphilis serology
- Hepatitis B serology if unvaccinated or known to be not immune
- Hepatitis A serology if unvaccinated or known to be not immune.



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# Investigations

- External genital ulceration
  - HSV PCR
  - TP PCR
- Rectal swab -NAAT
  - *N.gonorrhoea*
  - *C.trachomatis*
  - HSV PCR
  - TP PCR
- *If gonorrhoea is suspected*
  - *Smear of anal discharge for gram stain microscopy, plus*
  - *Gonococcal micro-culture and sensitivities*



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# Management

- Start treatment before results come back!
- First line is doxycycline 100 mg bd for 7 days plus valaciclovir 500 mg bd for 10 days. If practical, give ceftriaxone 500 mg IM before starting other treatment.
- **Call or refer** if severe pain or treatment failure.



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# Management

- no sex during treatment period
- review in 7 days
- contact tracing
- extended course of doxycycline for 21 days if chlamydia positive
  - order LGV serovar



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# Case 1

- Samuel
- 26 year old man presents with painful anal discharge
- started 2 days after having condomless receptive anal sex with casual male partner
- no other symptoms
- no history of HSV



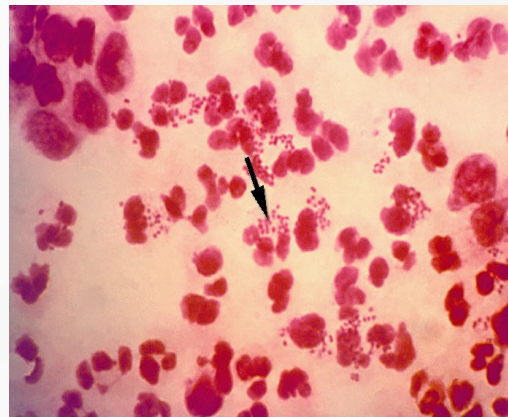
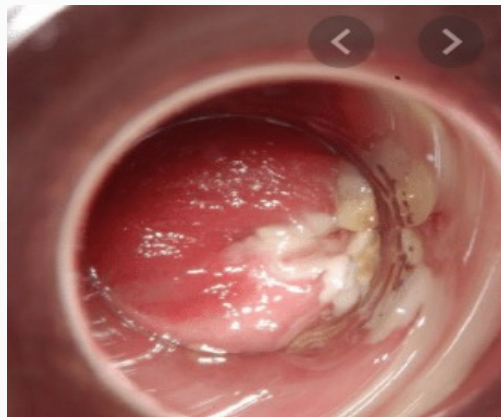
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# Examination

- purulent discharge on proctoscopy
- no lesions/blisters/ulcers/rashes





# Case 1

- If high suspicion of gonorrhoea:
  - purulent discharge
  - onset within a couple of days of possible exposure





# Results

- HIV: negative
- Syphilis: negative
- pharyngeal gonorrhoea/chlamydia negative
- FPU gonorrhoea/chlamydia : negative
- rectal chlamydia : negative
- rectal **gonorrhoea: positive**
- *N.gonorrhoea isolated on culture*
- HSV PCR :negative
- TPPCR: negative



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# Case 1

- diagnosis
  - gonococcal proctitis
- treatment
  - azithromycin 1g oral once with food
  - ceftriaxone 500mg with 2ml lignocaine 1% IMI once
  - no sex x 7 days
- Contact trace - inform all partners and advise them of the treatment needed

- Let Them Know website

<http://letthemknow.org.au/>



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# Case 2

- Geoff
- 37 yr. old bisexual male
- 2 day history:
  - systemic illness-fever with myalgia
  - painful anus-to touch and deep seated
  - unable to sit
  - painful defecation
  - no blood or mucus





# History

- 10 days ago had oro-anal sex with girlfriend
- last male sexual contact more than 3 months ago
- never receptive anal sex
- 100% condoms for vaginal/anal sex
- no history of HSV
- no history of STIs
- regular STI screens



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# Examination





# Case 2

- If high suspicion of herpes simplex:
  - systemic illness
  - recent oral sex
  - visible ulceration
  - onset within a week to 10 days of possible exposure





# Results

- HIV: negative
- Syphilis: negative
- pharyngeal gonorrhoea/chlamydia :negative
- FPU gonorrhoea/chlamydia : negative
- rectal gonorrhoea/chlamydia : negative
- **HSV PCR :positive- Type I**
- TPPCR: negative



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## Case 2

- diagnosis
  - HSV I proctitis
- treatment
  - valaclovir 500 mg twice daily x 10 days
  - topical lignocaine
  - episodic vs suppressive treatment





# *Mycoplasma genitalium*

- persistent s/s of proctitis
- *M. genitalium* detected in 7% of asymptomatic MSM at the rectum<sup>1</sup>
- two studies<sup>2,3</sup> showed an association with proctitis and MG
- resistance guided treatment

1. Read TR et al. Symptoms, Sites, and Significance of Mycoplasma genitalium in Men Who Have Sex with Men. *Emerging Infectious Diseases*, 25(4), 719-727.
2. Bissessor M, et al. The etiology of infectious proctitis in men who have sex with men differs according to HIV status. *Sex Transm Dis*. 2013;40:768–70
3. Ong JJ, et al. Clinical characteristics of anorectal Mycoplasma genitalium infection and microbial cure in men who have sex with men. *Sex Transm Dis*. 2018;45:522–6

