Proctitis

# Cause

* Inflammation of the anal canal and distal rectum.
* Can be infective or non-infective.
* Sexually acquired proctitis occurs predominantly among men who have sex with men (MSM) but can occur in men or women 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; testing first line for *M. genitalium* in men with proctitis is therefore 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.
* Procto-colitis 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) or from radiation therapy.

# Clinical presentation

* Sexually acquired proctitis is commonly asymptomatic but when symptoms are present they usually include pain with or without discharge and 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.

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| **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 suspect enteric infection e.g. when abdominal pain and diarrhoea are present |

# Management

## Index patient

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| **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, then, 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 to from an enteric pathogen | Refer to enteric pathogen management guidelines |  |
| Proctitis – likely to be non-infectious |  | Refer to gastroenterologist if suspect inflammatory bowel disease. |

## Sexual partners

* Where chlamydia, gonorrhoea, *M. genitalium* or LGV are identified, sexual partners should be notified with the relevant empirical treatment offered to those contacts.

*Last Updated December 2020*