

Anorectal lesion: think twice

Viola Gennaro (1), Cristina Tettoni (2), Anna Lucchini (2), Stefano Bonora (1)(2)

1 - Università degli Studi di Torino

2 - ASL Città di Torino - Clinica Universitaria

Introduction

Lymphogranuloma venereum (LGV) is a sexually transmitted ulcerative disease in the genital area caused by a Gram negative bacterium, *Chlamydia trachomatis* serovar L1, L2 and L3.

The clinical presentation of genital LGV is characterized by painful ulcerated papules and inguinal lymphadenopathy.

In case of anorectal localization, it can cause proctitis, tenesmus and anal discharge, and sometimes it leads to complications such as anorectal fistulas and stenosis. The main differential diagnoses are Chron's disease and neoplastic lesions. (1) (2)

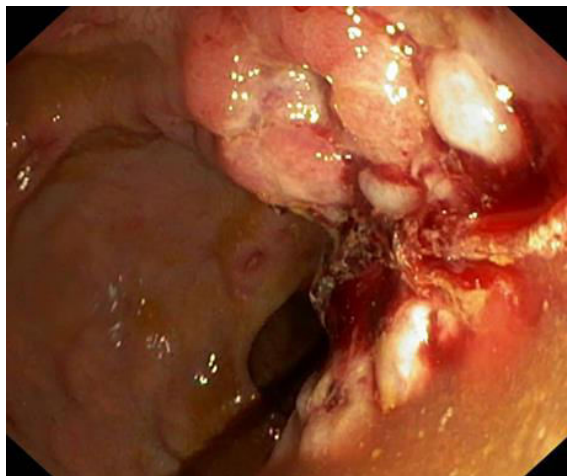
Clinical case

Our case is about a 58 yo male patient with HIV since 2011, in treatment with DTG+3TC+ABC, last checkup (1/3/23) CD4 662 cells/uL, virosuppressed. Family history of Colon-rectal cancer was reported.

In December 2023 he was admitted to the ER for diarrhea, weight loss and mucorrhea.

The colonoscopy (15/12) revealed a rectal ulcerated lesion on approximately 2/3 of the circumference.

Biopsy was performed, but histological typing was inconclusive.



To exclude the hypothesis of colon-rectal cancer, a new colonoscopy (17/1) with surgical biopsies was performed.

Histological examination (02/02) described a chronic inflammatory process, partly active and ulcerative, of the mucosa and submucosa of the large intestine with preserved glandular architecture. Non specific histological characteristics. For further characterization of the lesion, abdominal MRI was requested (30/1), and, after it, the first hypothesis made was rectal localization of Chron's disease.

At the check-up visit at the HIV clinic, during the anamnesis, it emerged the risk for sexually transmitted diseases, and a differential diagnosis with Venereal Lymphogranuloma was therefore established.

The anal swab was then performed for rapid molecular research of *Chlamydia trachomatis* DNA with serotype LGV (12/2), with positive result. Treatment was therefore started (20/2) with Doxycycline 100 mg BID for 21 days (3), with clinical improvement.

The patient is now waiting for a new colonoscopy to re-evaluate the lesion.

Conclusion

This patient's disease, although easily treatable, had a significant diagnostic delay, generating anxiety in the patient and his family. In fact, despite the disease being easily treatable, our patient did various invasive tests, with a significant waste of hospital resources.

This case demonstrates the importance of sexual anamnesis for the identification of differential diagnoses. More generally, it demonstrates the need to train the entire medical community to recognise the clinical aspects related to sexually transmitted diseases, in order to avoid the execution of invasive tests and expensive investigations without benefit.

References

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