

## **Anorectal Sexually Transmitted Infections**

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## Why are anorectal STIs important?

- Marker of high risk sexual behaviour
- Rising prevalence (along with rising STI incidence worldwide)
- Frequently unrecognised
  - Symptoms attributed to other anal pathologies such as haemorrhoids
- Usually considered complex in primary care
- Mostly asymptomatic
  - Large reservoir of infection for onward transmission





#### **Presentation of anorectal STIs**

Anorectal STIs in MSM

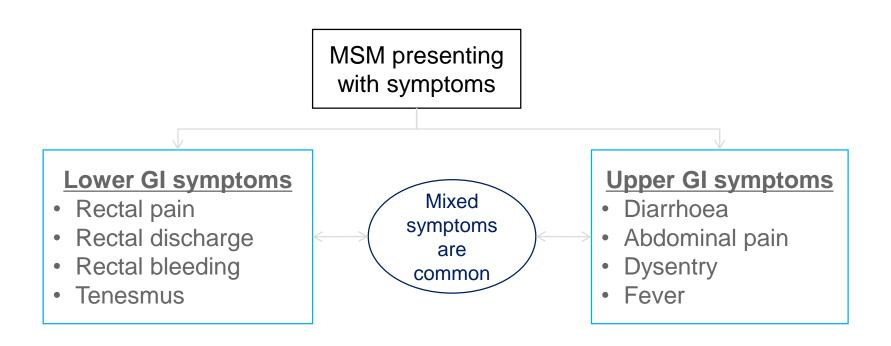
Symptomatic

Proctitis
Proctocolitis
Warts





## Inflammatory anorectal STI syndromes

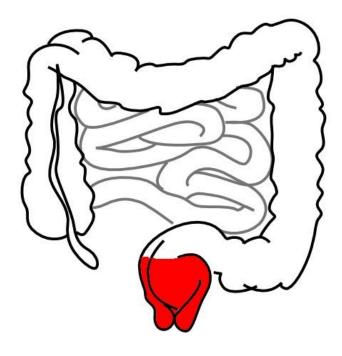






#### **Proctitis**

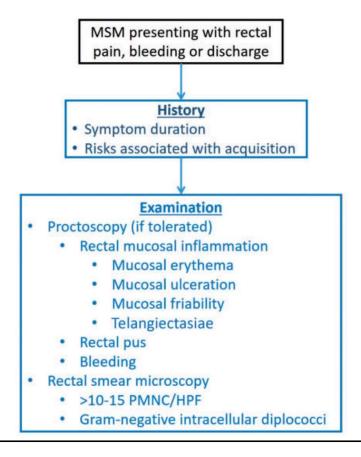
- Inflammation of the rectum
- Symptoms
  - Rectal pain/discomfort
  - Rectal discharge
    - Mucous
    - Purulent
    - Bleeding
  - Tenesmus







## **Assessment of proctitis**



#### Risks associated with acquisition

- Multiple partners/group sex/Chemsex
- Condomless receptive anal intercourse
- Receptive fisting
- Using and sharing sex toys
- Receptive oro-anal contact
- HIV seropositive
- · Other STIs

Explore the 3 month period prior to symptom onset, but the most recent 4 weeks is the most relevant period.

#### **Investigations**

- Gram-stained rectal smear for examination under microscope
- CT/NG NAAT and NG culture/sensitivities
- HSV-1&2 PCR/NAAT
- T. pallidum PCR/NAAT, if available
- Serological tests for syphilis
- HIV serology (if not known positive)
- Consider Hepatitis C serology





# **Proctitis: The big 5**







# **Proctitis: The big 5**

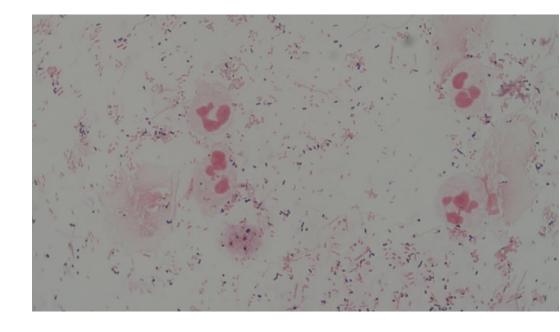






#### Chlamydia trachomatis D-K

- Most common anorectal STI pathogen
  - 70-80% asymptomatic
  - Symptoms of proctitis
  - Rectal swab Gram stain
- >10 PMNC/HPF







# Chlamydia trachomatis L1-3 (LGV)

- L2 most common serovar in Europe and N America
- 3 stages
  - Primary
- Ulcer at the point of entry- usually painless
- Proctitis
  - Commonly haemorrhagic
  - Often with proctocolitis
  - Systemic symptoms not uncommon
- Ulcerative pharyngitis





# Chlamydia trachomatis L1-3 (LGV)

- L2 most common serovar in Europe and N America
- 3 stages
  - Secondary
- Regional lymphadenopathy with lymph node abscess (bubo)
  - Tertiary
- Pelvic Syndrome
  - Proctitis and proctocolitis with strictures and fistulae resembling Crohn's
  - Erosive granulomas

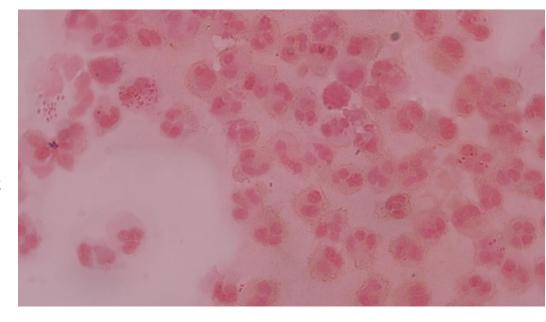




# Neisseria gonorrhoeae

#### Presentation similar to chlamydia

- 80-90% asymptomatic
- Symptoms of proctitis
- Rectal swab Gram stain
- >10 PMNC/HPF with GNICDC
- Sec. organisms may make identifying diplococci challenging







## **Herpes simplex**

#### Can cause ulcerative proctitis

- Usually exquisitely painful
- Could present with bleeding
- Ulcers or epithelial disruption on proctoscopy



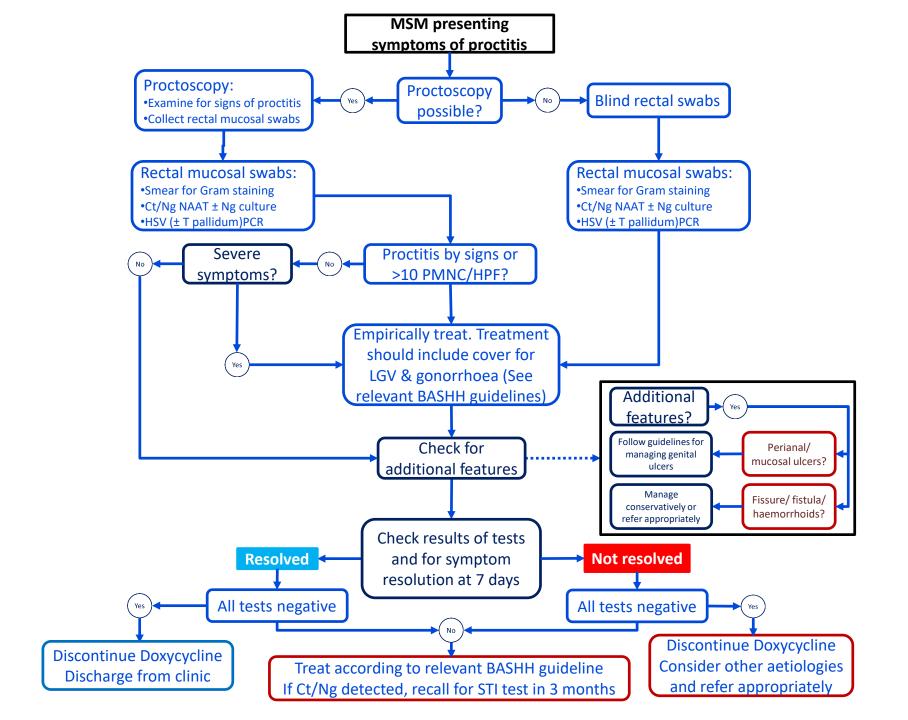


# Treponema pallidum

- Proctitis could be a feature of secondary syphilis
  - Mucosal snail track ulcers
  - Anal condylomata lata
  - Sometimes incidentally found (*T pallidum* PCR positive)

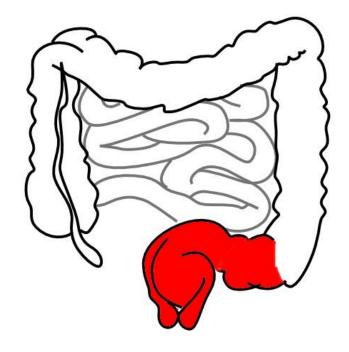






#### **Proctocolitis**

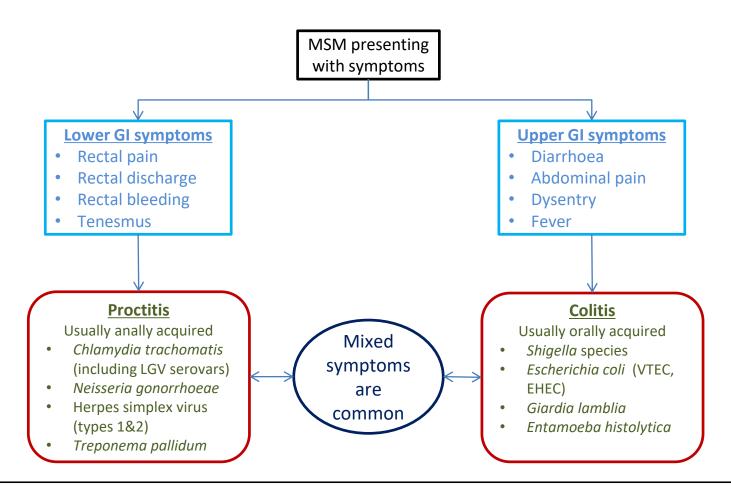
- Inflammation extending proximal to the rectum
- Symptoms
  - Diarrhoea
  - Dysentry
  - Abdominal pain/discomfort
  - Systemic symptoms
  - +/- symptoms of proctitis
- Same aetiology, presentation and prognosis as traveller's diarrhoea
  - Sexually transmissible enteric infections (STEI)







#### **Proctocolitis**







#### **Assessment of proctocolitis**

MSM presenting with acute diarrhoea

#### **History (Clinical features)**

- •Symptoms:
  - Duration
  - Recurrent or chronic
- Bloody stool
- Severe abdominal pain
- •Systemic illness:
  - Fever
  - Confusion
  - Dehydration
- Immunosuppression

#### **History (Epidemiological features)**

- Food intake e.g. barbecue; restaurant; eggs; chicken; shellfish; reheated rice/noodles. Etc.
- Recent foreign travel and to which country
- · Recent antibiotic, PPI or hospitalisation (C. difficile)
- Family or nursing home; (Norovirus)
- Exposure to untreated water (protozoa) or animals
- Contact with other affected individuals or outbreak
- Sexual risks
- Occupational risks of transmission (food handler, childcare or healthcare worker)

#### Sexual risks

- Multiple partners/group sex/Chemsex
- •Using and sharing sex toys (including oral contact with sex toys)
- Oro-anal contact (including indirect contact via oral sex after anal sex)





## Management of proctocolitis

- STEI are self limiting
- Assess for other STIs
- Advice on hydration and hygeine





#### **Warts**

- Can occur in the anal canal up to the dentate line
- Can be associated with itching
- Expect fewer presentation sin th eera of HPV vaccination





#### **Asymptomatic Anorectal STIs**

- Anorectal carriage of pathogens is common
  - >70% of rectal chlamydia
  - 80-90% of rectal gonorrhoea
  - 16% of LGV
  - Mycoplasma genitalium has a similar prevalence to chlamydia
    - Not associated with anorectal symptoms (yet)
    - Significant (and rising) macrolide resistance
    - Testing not widely available
    - Therapeutic options are limited





# Any questions?



