Proctitis in MSM

Background

This guideline is to be used for assessment and management of men who have sex with men (MSM) presenting with symptoms of proctitis as this is predominantly an issue for this population.

Men and women may be at risk of sexually transmissible anorectal or intestinal infections through a variety of sexual practices, including receptive anal intercourse, oral–anal sexual contact, digital penetration or use of sex toys.

Proctitis is defined as an inflammatory syndrome of the distal 10–12 cm of the anal canal, also called the rectum. It may be due to a variety of sexually transmitted infections or enteric pathogens.

Possible Causes of Sexually Transmissible Procto-colitis and Enteritis

Distal Proctitis	Procto-colitis	Enteritis
N. gonorrhoeae *C. trachomatis* serotypes D-K and LGV serotypes L1 to L3 *T. pallidum ssp pallidum* *Herpes simplex* virus *M. genitalium*	*Shigella spp* *Salmonella spp* Campylobacter *E. coli* *Entamoeba histolytica* *Cryptosporidium spp* CMV	*Giardia duodenalis* *Cryptosporidium spp* *Microsporidium spp* HAV

Note: Most rectal infections with non LGV chlamydia serotypes and gonorrhoea are asymptomatic

Target populations for screening

- MSM with symptoms of proctitis
- All cases should be discussed or referred to a doctor or NP

Tests

The following investigations should be requested:

- Pharyngeal swab and FVU for gonorrhoea and chlamydia testing by NAAT PLUS
- Rectal smear for Gram staining for PMNLs and Gram negative diplococci
- Rectal gonorrhoea culture
- 2 Rectal NAAT swabs for testing for chlamydia and gonorrhoea-request LGV testing if swab positive for chlamydia (indicate on lab form)
- Viral swab for HSV testing

- DFA for treponemes if ulcerative lesions seen
- Serology for HIV, syphilis
- Serology for HAV if not previously screened or vaccinated
- Serology for and HBV if indicated (refer HBV guideline)
- Serology for HCV if clinically indicated
- Arrange stool specimens if patient has symptoms or signs of colitis or enteritis

Mycoplasma genitalium

- While this has been documented as a cause of proctitis in MSM, routine testing is not recommended
- Testing may be indicated in men with persisting proctitis symptoms with no other aetiology for their symptoms (refer MG guideline)

Clinical signs and symptoms

- Symptoms of rectal STI include anal discharge or bleeding, rectal pain or discomfort, and/or tenesmus
- There may be systemic symptoms such as fever, malaise, headache, sore throat
- Symptoms of colitis include diarrhoea with blood or mucopus, abdominal pain
- Symptoms of enteritis include diarrhoea, abdominal pain, nausea and vomiting

Clinical evaluation

- Check temperature if systemic symptoms
- Examine genital area (see guideline for male examination)
- Palpate the abdomen: Tenderness over the colon suggests colitis
- Inspect the perianal region: Perianal ulceration may suggest syphilis, HSV infection or LGV
- Ideally anoscopy should be performed to inspect for mucosal inflammation and infiltration/swelling and/or ulceration however may not be possible due to pain or may not be acceptable to the patient

Note: Rectal swabs may be self-collected following clinical examination if more acceptable to patient.

Management and treatment (see Pregnancy section where relevant)

If clinically colitis or enterocolitis advise patient:

- to keep hydrated
- wash hands regularly especially after going to the toilet or preparing food
- To stay at home till symptoms resolve and/or results of tests are back

If clinically proctitis:

Treat empirically while waiting for results.

For mild cases where gonorrhoea is not clinically suspected:

- doxycycline 100 mg bd po for 7/7

If more severe symptoms and gonorrhoea suspected:

- Ceftriaxone 500 mg im stat PLUS
- Azithromycin 1 g po stat PLUS
- Doxycyline 100 mg bd po for 7 to 21/7 (depending on results of NAAT tests. Note: LGV more likely if HIV +ve)

PLUS (if herpes proctitis is clinically suspected)

- Valaciclovir 500 mg bd po for 7/7
- OR Aciclovir 400 mg tds po for 7/7

If syphilis is clinically suspected treat empirically for syphilis while waiting for results.

Pregnancy

- N/A

General advice

- Advise patient to avoid sexual contact or to use condoms for 7 days following initiation of treatment and for 1 week after sexual partner(s) have been treated
- Patients should be given a detailed explanation of their condition with particular emphasis on the implications for the health of themselves and their partner(s). This should be reinforced, if necessary, with clear and accurate written information
- Discuss risk reduction and use of condoms to reduce risk of reinfection

Contact tracing

Depends on diagnosis

- For chlamydia and gonorrhoea notify contacts within 90 days of diagnosis
- For syphilis as per syphilis guideline
- Herpes- contact tracing is not required
- Enteric infections are notifiable conditions and occurs automatically by the lab-will be followed up by Medical officer of health

Follow-up

- Advise repeat STI check in 3 months as re-infection is common

- Arrange follow-up appointment for review if clinically indicated e.g. severe symptoms otherwise patient should be followed up by either txt or a phone call 1 week after treatment initiated to review contact tracing and adherence
- Create TC appointment on HCC grid (#TNAB column) 1 week later
- 1 phone call for follow-up of compliance/contact tracing and if no response, send standard adherence text/email x 1, then NFA
- Culture results and susceptibilities should be checked to ensure that adequate treatment has been given. This is the responsibility of the person who requested the test

Management of contacts

If symptomatic

- Examine, perform a sexual health screen and manage syndromically -consult relevant guideline e.g. urethritis

If asymptomatic

- Perform a sexual health check and treat empirically as indicated by provisional diagnosis or test results of index cases

Recall for positive result

- Initiate on receipt of result or no more than 14 days from date of last visit
    - If STI tests are positive and untreated infection -Create TC appointment on HCC grid (#UNRX column) for nurse to action
- 2 types of contact, a phone call, txt, letter, or email 1 week apart asking patient to contact the clinic. If no response, enter alert on HCC for untreated infection and document
- Enter correct diagnostic code for encounter

Management of recalls

- N/A

HCC code

Proctitis non-specific (only if no positive diagnostic tests)
Gonorrhoea of anorectum-confirmed
Chlamydia of anorectum-confirmed
Herpes of anorectum-1st episode