

# HSV associated Proctitis presenting without anorectal lesions; why testing and empirical treatment may be important

## Authors:

YASMIN HUGHES<sup>1</sup>, DAVID A. LEWIS<sup>1,2</sup>

<sup>1</sup>Western Sydney Sexual Health Clinic, Western Sydney Local Health District, Parramatta, Australia

<sup>2</sup>Westmead Clinical School, University of Sydney, Westmead, Australia

## Background/Purpose:

Herpes simplex virus (HSV) types 1 and 2 are important causes of proctitis in men who have sex with men (MSM) and HSV-associated proctitis may be increasing. It may be overlooked for bacterial aetiologies such as *Neisseria gonorrhoeae* and *Chlamydia trachomatis* serovar L1-L3.

## Approach:

A man in his late thirties with no significant past medical or family history of inflammatory bowel disease, presented with several days' history of rectal pain, anal discharge and per-rectal bleeding associated with systemic upset. Sexual history revealed unprotected receptive anal sex with several male partners in the two weeks preceding his presentation. Examination of the perianal area was unremarkable. Proctoscopy showed evidence of non-ulcerative proctitis with pus cells. Extracellular Gram negative diplococci (GNDC) were seen on microscopy of a rectal smear. The patient was treated for presumptive gonorrhoea on the basis of these microscopic findings with ceftriaxone plus azithromycin, and also covered for chlamydial infection with doxycycline without improvement. A nucleic acid amplification test (NAAT) confirmed the causative agent as HSV type 2 two days later; NAATs for *N. gonorrhoeae* and *C. trachomatis* were negative.

## Outcomes/Impact:

The patient was recalled for treatment with valaciclovir and reported full recovery after a week with no complications or HSV-2 recurrences reported over the subsequent 10 months.

## Innovation and Significance:

We present a case of HSV associated proctitis without visible external anal ulceration. HSV treatment was initially withheld due to Gram stained rectal smear findings, which raised the possibility of ano-rectal gonorrhoea (despite the low positive predictive value of purely extracellular GNDC findings). Although examination of the perianal area is important, the absence of anal lesions does not exclude HSV as the causative pathogen and highlights the importance of considering empirical treatment for anorectal HSV in cases of non-specific proctitis as per the Australian STI management guidelines.

## Disclosure of Interest Statement (example):

The Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine recognises the considerable contribution that industry partners make to professional and research activities. We also recognise the need for transparency of disclosure of potential conflicts of interest by acknowledging these relationships in publications and presentations.

For an example of a disclosure of interest statement please see below

*The Melon Institute and Metabolism Corp are funded by the University of Oxbridge, UK. No pharmaceutical grants were received in the development of this study.*

Note: If accepted into the program you will be requested to include a disclosure of interest slide into your presentation or include such statements in your poster.