

# Cancer or Chlamydia? A Case Report

## Authors

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## Case Report

A 34-year-old known HIV-positive Brazilian man presented to Sydney Sexual Health Centre with a three week history of rectal pain and bleeding. He denied rectal discharge or itching, and bowel movements were normal. He did not report weight loss or fevers, but noted a history of bowel cancer in his uncle. His HIV infection was well-controlled on Genvoya® with an undetectable viral load and a CD4 count of 780 (26%).

He attended the clinic for a second opinion, following self-referral to a lower gastrointestinal surgeon, who performed proctoscopy and arranged investigations including a staging MRI, biopsy of the rectum, and bloods including tumour markers. He was distressed and following his previous consultation believed that he was likely to have a lower gastrointestinal (LGI) cancer.

On examination, the perianal area was normal. Proctoscopy revealed copious purulent discharge and blood. The rectal wall appeared irregular and ulcerated, although views were limited. Digital anal rectal examination revealed no mass, but an irregular rectal wall.

Rectal testing by PCR was performed for gonorrhoea, mycoplasma genitalium and syphilis, as well as syphilis serology, which were negative.

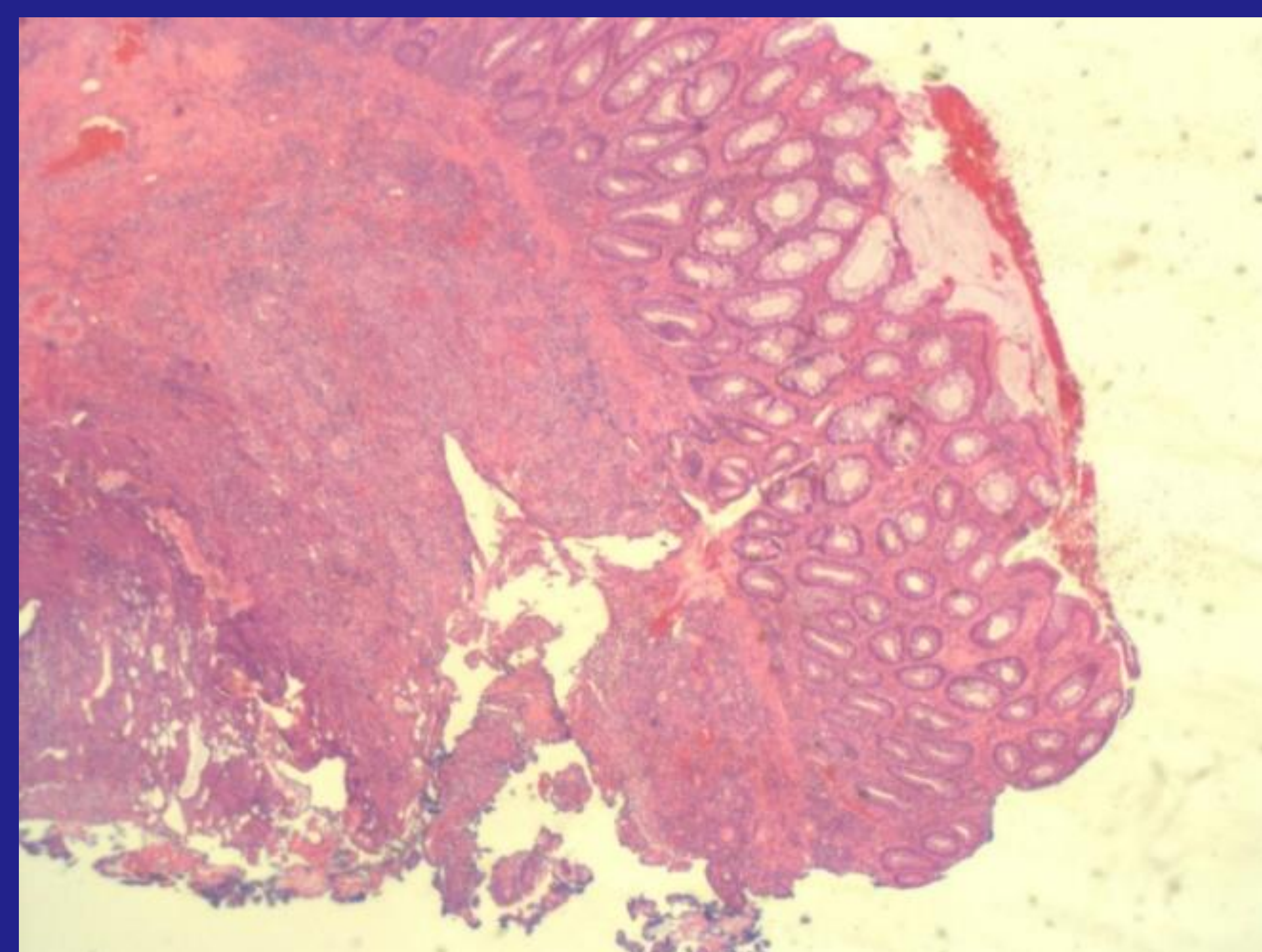


Figure 1: active chronic inflammation

Lymphogranuloma venerum (LGV) PCR was positive and 21 days of doxycycline 100mg twice daily was commenced.

The patient underwent biopsy of the rectal wall and an ‘anal lesion’, three days after presentation. Histology showed “active chronic inflammation” but no evidence of dysplasia or malignancy (figure 1). Staining for HSV, CMV, spirochetes and HHV8 were negative. The patient reported symptom resolution over the course of seven weeks. MRI was not undertaken.

## Learning Points

- This case highlights the importance of considering STIs in the differential diagnosis in non-specialist sexual health settings
- Invasive investigations and patient anxiety could have been significantly reduced in this case if a diagnosis of LGV had been considered earlier
- Increased awareness of LGV in clinicians dealing with LGI presentations can impact patient care