IMAGES IN CLINICAL MEDICINE

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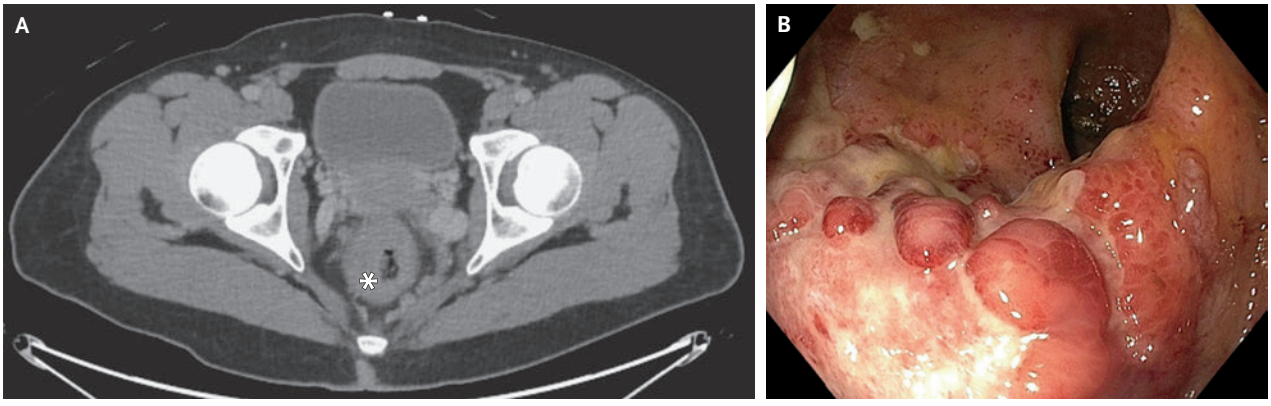
Chlamydial Proctitis



A 26-year-old man presented to the emergency department with a 1-week history of fevers and bloody stools. He had had condomless receptive anal intercourse with a new male partner 3 weeks before presentation. On physical examination, there was a small external hemorrhoid but no abdominal pain, genital lesions, or inguinal lymphadenopathy. Computed tomography of the pelvis showed thickening of the wall of the rectum (Panel A, asterisk) and perirectal lymphadenopathy — findings that suggested infectious proctitis, inflammatory bowel disease, or rectal cancer. A subsequent flexible sigmoidoscopy showed nodular mucosa with erythema and ulceration in the distal rectum (Panel B). A biopsy was negative for cancer. A nucleic acid amplification test for *Chlamydia trachomatis* that was performed on a rectal swab was positive, with negative testing for the L serovars. A diagnosis of chlamydial proctitis was made. Testing for other sexually transmitted infections identified positivity for human immunodeficiency virus, with a CD4 cell count of 551 per cubic millimeter (reference range, 560 to 1840) and a viral load of 129,000 copies per milliliter (lower limit of detection, 20). Treatment with doxycycline and antiretroviral drugs was initiated. Five days later, the rectal symptoms had resolved.

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