## Abstract:

A year of proctitis: aetiology and management in an urban GUM clinic

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**Introduction:** Chlamydia trachomatis (CT), including Lymphogranuloma venereum (LGV), Neisseria gonorrhoeae (NG), syphilis and herpes simplex (HSV) all cause proctitis in MSM. Local guidance recommends testing and treating for these organisms. We examined the aetiology and management of cases of proctitis at our sexual health clinics.

**Methods:** Clinical records were reviewed of all men coded for proctitis between January and December 2016. Clinical presentation, microbiology results, and treatments issued at initial clinic visit were recorded and data analysed.

**Results:** 46 MSM were correctly coded as having proctitis. The median age was 38.5(19-75) years. 21/46(45.7%) were HIV-positive. Presenting symptoms included: rectal discomfort(69.6%), discharge(47.8%), bleeding(39.1%), altered bowel habit(23.9%), and tenesmus(17.4%). 7/46(15.2%) had anorectal ulceration.

All patients were tested for CT and NG. NG was detected in 11/46(23.9%) and CT in 10/46(21.7%), including 4 with LGV. 27/46(58.7%) were tested for HSV, which was positive in 8/27(29.6%). 1 Mycoplasma genitalium and 4 Syphilis were diagnosed. Co-infections with >1 organism were identified in 8(17.4%). In 22/46(47.8%) no cause was identified. 41/46(89.1%) MSM received antibiotics for CT. In 30/46(65.2%) MSM this included anti-microbial cover for NG and 17/46(37.0%) had an extended course of doxycycline for LGV. Aciclovir was given to 12/46 MSM (26.1%).

**Conclusion:** NG was the commonest pathogen identified, however only 65% of MSM were treated. HSV testing rates were low despite one third of those tested being HSV positive. This indicates a need to better educate clinicians of the multi-pathogen, syndromic, approach to proctitis management to ensure that relevant pathogens are not missed.