IMAGE OF THE ISSUE

DOI: http://dx.doi.org/10.15403/jgld-5713

Syphilitic Proctitis Masquerading as Suspected Rectal Cancer

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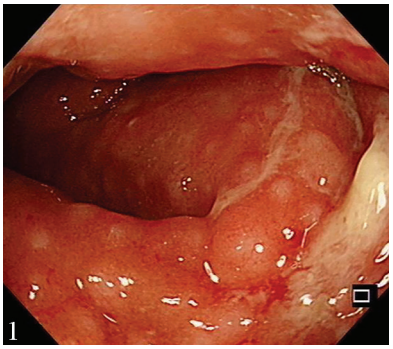
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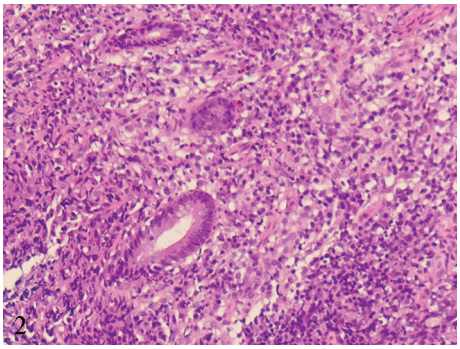
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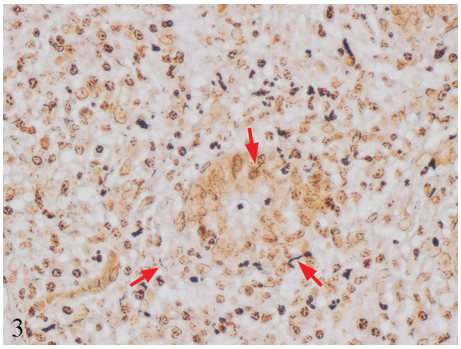
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A 29-year-old man presented with hematochezia and anal pain for a week. Physical examination was normal. Digital rectal examination found a firm mass located approximately 4 cm from the anus. Laboratory results mainly revealed a positive fecal occult blood test and hyperuricemia. Pelvic magnetic resonance imaging with contrast demonstrated rectal wall thickening with inguinal and mesenteric lymphadenopathy. Colonoscopy revealed multiple irregular nodular lesions with scattered ulcers and hemorrhages (Fig. 1). The patient was preliminarily diagnosed with rectal cancer. However, biopsy showed lymphoplasmacytic infiltrates, without neoplasia and granulomas (Fig. 2). The patient's resistance to further examinations left the diagnosis inconclusive. One month later, worsened hematochezia in the patient prompted another man to seek assistance anxiously at our hospital. The man's affectionate concern for the patient during the consultation spurred our more detailed inquiry, revealing their unprotected anal intercourse and the patient's syphilis infection. The subsequent Warthin-Starry silver staining proved the presence of *Treponema pallidum* (Fig. 3). After receiving benzathine penicillin G weekly for 3 weeks, his symptoms significantly improved. No recurrence at a three-month follow-up. Colonoscopy performed at local hospital demonstrated complete healing of the rectal lesion. He was ultimately diagnosed with syphilitic proctitis.

The endoscopic, radiologic, and clinical manifestations of syphilitic proctitis can be similar to rectal cancer, lymphogranuloma venereum, and ulcerative colitis [1, 2], making its diagnosis challenging. Based on the findings in our case, syphilis should be considered. In clinical precise detection of Treponema pallidum, Warthin-Starry silver staining is more mature and convenient, while immunohistochemistry offers greater sensitivity and specificity [3, 4]. Additionally, patient's sexual history is crucial for diagnosis [5], and contributes to improved patient prognosis and satisfaction [6]. Gastroenterologists should accord it sufficient attention. Considering the taboo surrounding sexual matters in certain populations, sometimes it may be more effective and accurate to inquire with their partner.

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Conflicts of interest: None to declare.

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