Syphilitic Proctitis...The Great Imitator
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INTRODUCTION
We present a case of severe syphilitic proctitis leading to large bowel obstruction with imaging findings mimicking locally advanced rectal cancer.

PATIENT PRESENTATION
- **HPI:** 38 YO male with 2-week history of obstipation and increasing abdominal pain
- **PMHx:** HIV, Gonorrhea
- **PSHx:** None
- **Family history:** No significant
- **Social history:** MSM, tobacco abuse
- **PE:** Lower abdominal tenderness
- **Labs:** WBC count WNL, CEA WNL
- **Imaging**
  - CT a/p - 7 x 6.8 cm rectal mass

CLINICAL COURSE
- Flexible sigmoidoscopy – stricture
- MRI rectal cancer protocol – T4aN+ lesion w/ mesorectal involvement (stage III)
- Pathology – severe active proctitis
- ID consulted
  - Positive RPR
  - Positive gonorrhea serologies
- Treatment
  - 2.4 million units of IM benzathine penicillin G + gonorrhea treatment
  - Jarisch-Herxheimer reaction
- **Final Pathology**
  - (+) Warthin-Starry silver stain and spirochete immunohistochemical stain
- Symptoms resolved, no further episodes at 2-year follow-up

RESULTS

DISCUSSION
- The incidence of syphilis has continued to increase over the last 20 years.
- Syphilitic proctitis can have a variety of presentations.
- This diagnosis should be given special consideration in high-risk patients with a history of MSM, uncontrolled HIV and other STIs upon presentation with colorectal symptomatology.
- Without a high degree of clinical suspicion for potential infectious causes, patients may suffer unnecessary morbidity from procedures in an attempt to treat an incorrect diagnoses.
- Upon treatment of syphilis with penicillin, one must be able to readily identify symptoms of the Jarisch-Herxheimer reaction as most cases are self-limiting and do not require an increased level of care.

CONCLUSION
- Syphilis is an uncommon infectious disease that can manifest as severe proctitis leading to a large bowel obstruction.
- A thorough history and physical examination and a high degree of clinical suspicion are needed for accurate diagnosis.
- Providers should be aware of the Jarisch-Herxheimer reaction following treatment.