Primary chancre in the rectum: an underdiagnosed cause of rectal ulcer

Dear Editor,

An increase in the incidence of syphilis has been reported, particularly in homosexual men infected with the human immunodeficiency virus (HIV) (1). However, primary rectal syphilis is rare, making it a diagnostic challenge.

Case report

We report the case of a 35-year-old homosexual man with a previous history of HIV, who presented with a two-week history of intermittent bloody stools. Rectal digital examination revealed a palpable mass with a rough surface and bleeding. Colonoscopy showed an irregular rectal ulcer with a fibrinous surface and marked mucosal friability involving half of the rectal circumference (Fig. 1A). Histological examination demonstrated a chronic inflammatory cell infiltration predominantly composed of plasma cells, with severe cryptitis and the absence of neoplastic cells. The Warthin-Starry stain allowed the direct visualization of spirochetes (Fig. 1B).

Both the Treponema pallidum hemagglutination assay (TPHA) and the rapid plasma reagin (RPR) were positive. After

Fig. 1. A. Colonoscopic appearances of solitary ulcer on the lower rectum. B. Spirochetes on the lamina propria of rectal epithelial cells (Warthin-Starry stain, 63x).
treatment with benzyl penicillin, complete resolution of symp-
toms was achieved and the rectal ulcer disappeared.

Discussion

Rectal syphilis is one of the great masquerades due to its vari-
able symptoms, including itching, bleeding, tenesmus, urge-
cy of defecation, and anal discharge, which may be purulent,
mucoid, or blood stained (3).

Dark-field microscopy may be used in the initial diagnos-
tic analysis, however, dark-field microscopy of exudates from
a rectal ulcer may be inaccurate because of contamination from
commensal spirochetes found in the normal flora of the rectum.
The diagnosis of rectal syphilis is based primarily on endoscopic
biopsy of anorectal lesions and serology. If infectious proctitis
is suspected, water could be used as the only lubricant on anos-
copy as many of the commercially available lubricants contain
bacteriostatic agents; however, there is not enough evidence to
definitively assess this intervention (4).

The clinical presentation of a primary chancre can mimic
other common conditions such as inflammatory bowel diseases,
rectal solitary ulcer or malignancy. Long-term prognosis of rectal
syphilis is excellent but it can be influenced by patient and phy-
sician delays. Therefore, a high level of suspicion, particularly
in HIV-positive homosexual patients, is crucial in order to avoid
incorrect diagnosis, and delayed antibiotic therapy (3,5).

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