

INTRODUCTION

- Chlamydia trachomatis (*C. trachomatis*) incidence is rising. Due to an often asymptomatic nature and lack of awareness, this rectal infection can be challenging to diagnose.¹
- This case series presents two patients with distinctly different clinical presentations of rectal chlamydia.

CASE REPORT

Case 1:

- 55 year old male with history of gastric adenocarcinoma was found to have anterior rectal wall thickening on routine CT surveillance (Figure 1). He denied rectal bleeding, pain, or changes in bowel movements.
- Flexible sigmoidoscopy: raised erythematous mucosa with a small ulceration on anterior rectal wall with biopsy showing inflammation (Figure 2). Rectal swab at this time positive for *C. trachomatis*. He had 2 episodes of hematochezia a week after the procedure.
- Treatment: 21 days of doxycycline

Case 2:

- 33 year old man with human immunodeficiency virus (HIV) presented with sharp rectal pain and bleeding for two months initially diagnosed as an anal fissure.
- Labs: normocytic anemia, undetectable HIV viral load
- Imaging: computed tomography (CT) of abdomen and pelvis with colonic wall thickening in rectum and distal sigmoid
- Colonoscopy: 5cm rectal ulcer and ulceration in anal canal with biopsy showing inflammation (Figure 3). Rectal swab at this time positive for *C. trachomatis*.
- Treatment: 21 days of doxycycline

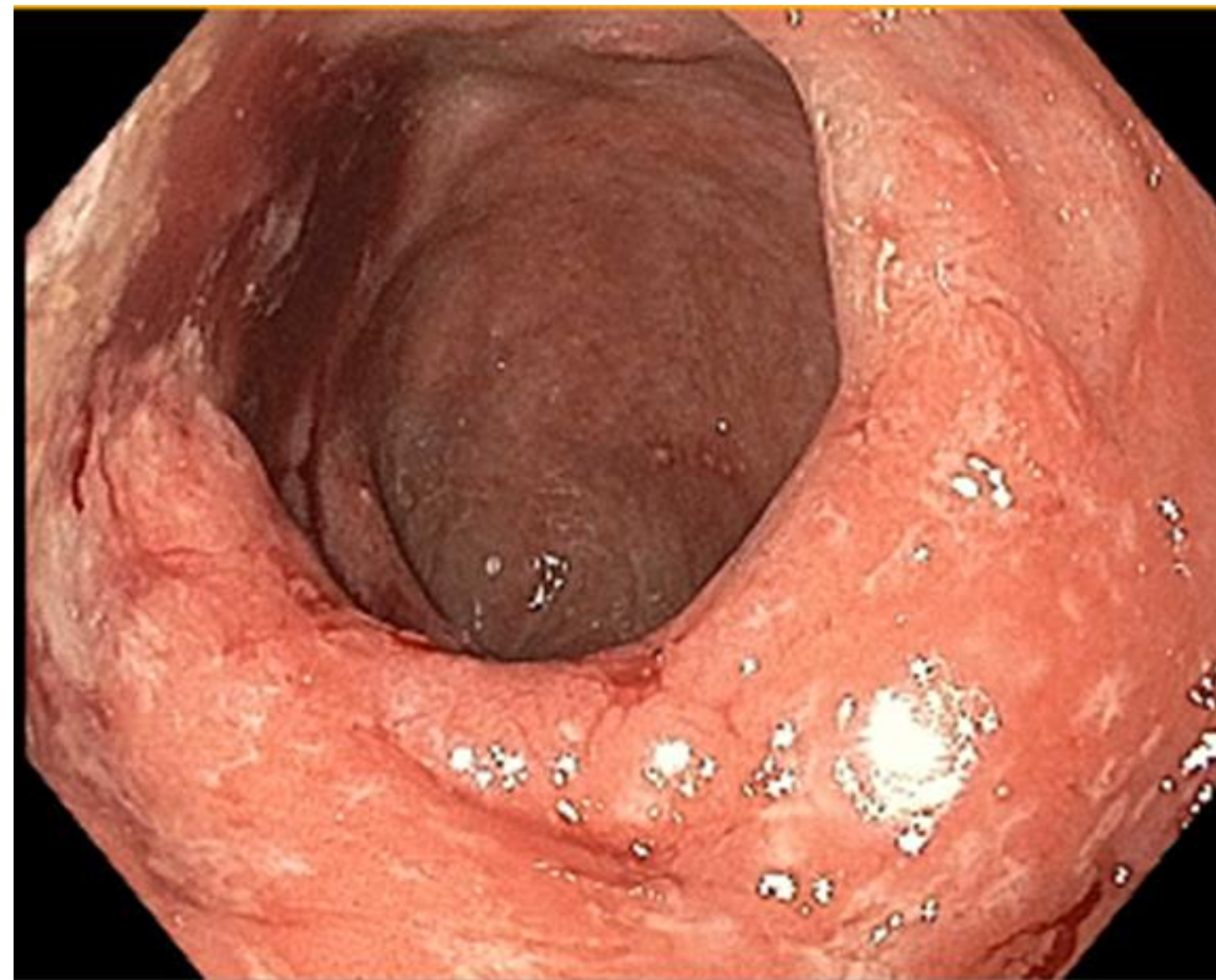


Figure 2: Inflamed rectal mucosa with ulcerations.



Figure 3: Inflamed rectal mucosa with ulcer.

DISCUSSION

- Rectal chlamydia is a great imitator with variable presentation.
- Presentations range from asymptomatic to non-specific symptoms that mimic other common anorectal disorders.¹
- Diagnosis requires PCR testing with rectal swabs. Endoscopic findings are also non-specific.
- Treatment for rectal chlamydia is 21 days of doxycycline to ensure adequate tissue absorption.²
- With rectal chlamydia increasing in prevalence, clinicians must maintain high clinical suspicion in patients at increased risk for infections or those with anorectal symptoms.³



Figure 1: CT abdomen showing rectal thickening

REFERENCES

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