

# Receptive Anal Intercourse in IBD Patients: Impact on Treatment of Anorectal Disease

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## Introduction

- Receptive anal intercourse (RAI) is a common practice both among men and women.
- RAI has been cited anecdotally as a reason not to pursue IPAA surgery for patients with UC.
- There is a lack of peer-reviewed literature on the impact of RAI among IBD patients with anorectal disease.

## Case Presentation

- A 40-year-old man with a 15-year history of UC presented with worsening abdominal pain and hematochezia (**Figure 1**). FS show Mayo 3 inflammation (**Figure 2, left panel**).
- Stool infectious studies negative. Steroids started in-house. Vedolizumab was started as an outpatient while steroids are tapered. Symptoms worsen with decreasing steroid dose.
- TPC-IPAA recommended during two separate clinical visit – patient indecisive.
- Recurrent ASUC flare one year after index presentation. Minimal response to IV steroids (**Figure 2, right panel**).
- Urgent TPC with IPAA recommended but despite being known to our health system for over a year, patient admits for the first time he practices RAI. He admits that this is his main reason for not pursuing surgery.
- FS biopsies reveal CMV and valacyclovir was started. Symptoms improved.
- He now follows with his local GI practice.

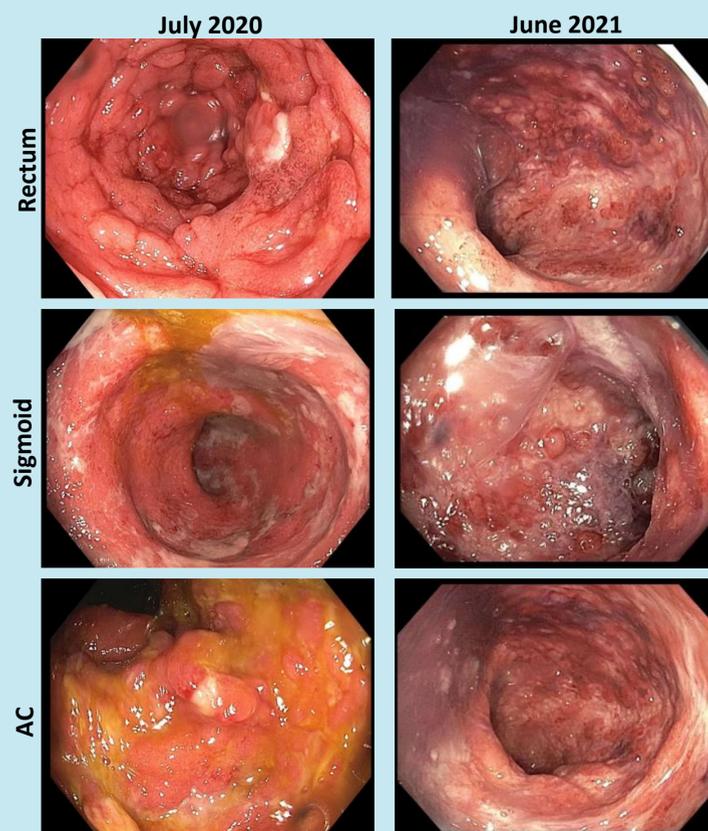
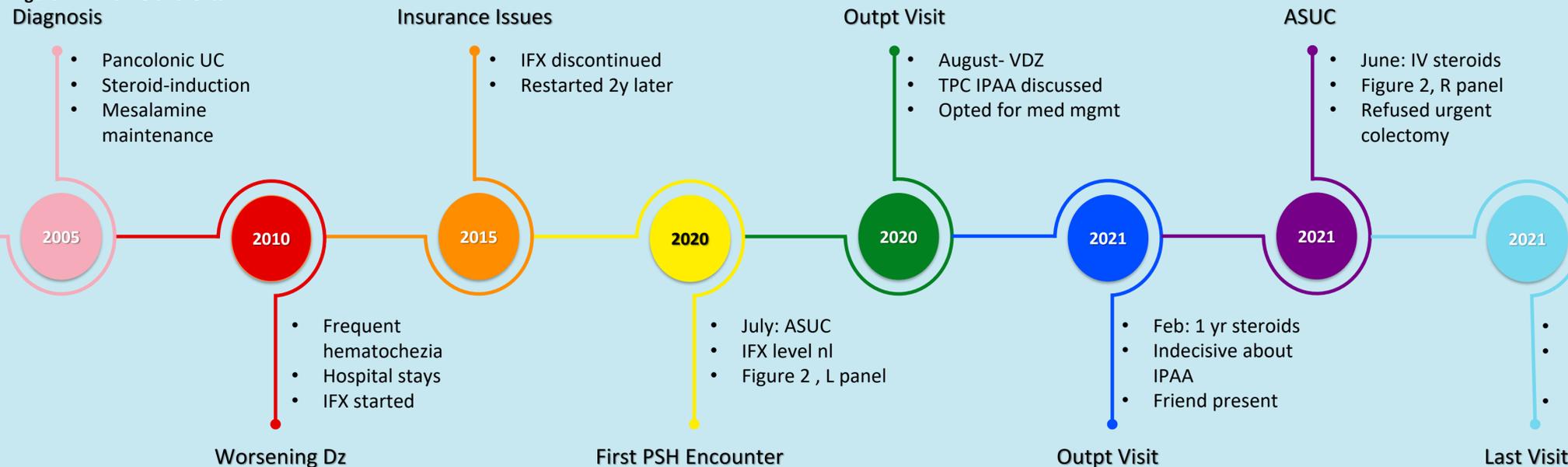


Figure 2. Flexible sigmoidoscopies in July 2020 and June 2021.

Figure 1. Timeline of events.



## Discussion

- There is a dearth of peer-reviewed, medical literature concerning the care of IBD patients who practice RAI.
- Patients are often dissatisfied with medical advice from IBD providers and heed non-medical sources of information (**Figure 3**).
- RAI increases the risk for:
  - Chlamydia, gonorrhea, syphilis, and HIV which mimic IBD flares<sup>1</sup>
  - Anorectal dysplasia in certain population<sup>2</sup>
- Some surgical considerations to be considered
  - hand-sewn anastomosis vs stapled anastomosis
  - Pouch length
- Patients admit in online discussion boards such as The J Pouch Group that they experience: (**Figure 3**)
  - Social isolation, body-image issues, sexual dysfunction, anxiety
  - RAI-related post-operative issues: inability to participate in penetrative intercourse, decreased pleasure, incontinence during sexual activity
- No guidelines or consensus statements available.

## Conclusion

- Case presented highlights challenges of this patient population.
- Patients are often reluctant to discuss RAI and often rely on non-medical source of information
- Overall, IBD patients who practice RAI represent an under-studied population with likely specialized medical and surgical needs.

## References

1. Martin, Tracey, et al. "Receptive anal intercourse in patients with inflammatory bowel disease: a clinical review." *Inflammatory bowel diseases* 23.8 (2017): 1285-1292.
2. Abramowitz, L., et al. "Determinants of macroscopic anal cancer and precancerous lesions in 1206 HIV-infected screened patients." *Colorectal Disease* 18.10 (2016): 997-1004.



Figure 3. Patient anecdotes from The J Pouch Group