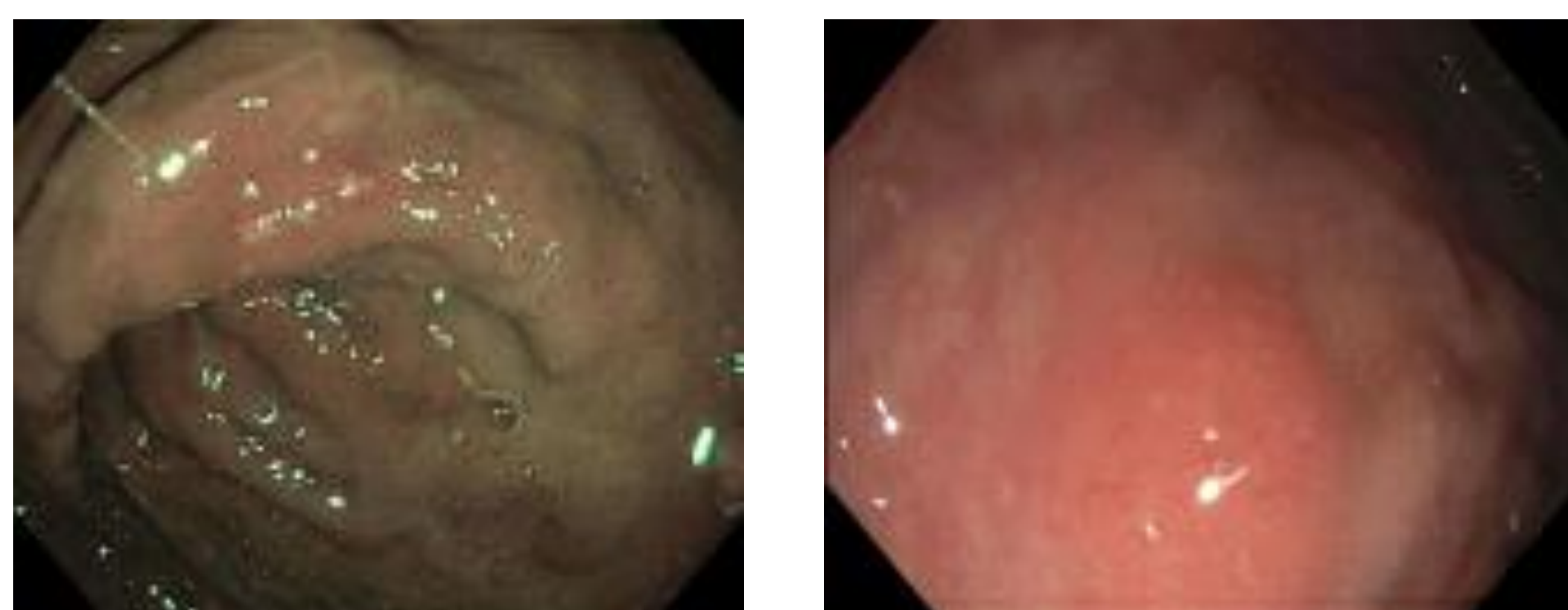


INTRODUCTION

Syphilis rarely affects the gastrointestinal tract and even more rarely manifests with lower gastrointestinal signs and symptoms. We report a rare case of syphilitic proctitis that presented with inguinal lymphadenopathy and pain with defecation mimicking anorectal malignancy.

CASE PRESENTATION

- 31-year-old male with history of multiple recent male sexual partners, STIs, anxiety, depression and migraines presented to the ED with two-month history of left inguinal pain, perianal pain, and pain with defecation
- Denied blood in stool, rectal discharge, penile discharge, dysuria, hematuria, penile lesion, testicular swelling
- Initial physical exam notable for palpable rectal mass and tender left inguinal lymphadenopathy
- RPR 1:128 titer, positive T. pallidum antibodies
- Biopsy with syphilitic proctitis confirmed by Treponema pallidum immunostain
- Underwent fulguration of anal condyloma
- Underwent 28 day course of doxycycline due to prolonged symptoms



Colonoscopy:

- Palpable external rectal mass found on digital rectal exam not tender or erythematous.
- Congested mucosa in the rectum. Biopsied.

IMAGING



CONCLUSIONS

- Syphilis is an important public health issue with increasing cases in the United States over the last 20 years
- Syphilis uncommonly affects the GI tract and even less commonly the lower GI tract
- Most often presents with pain on defecation, rectal bleeding, tenesmus, and diarrhea
- Given the rise of STIs, it is important for providers to be aware of this presentation, which requires a thorough sexual history and prompt testing if exposure is suspected
- Untreated syphilis can lead to the development of a multitude of complications
- Diagnosing and treating syphilis is important to prevent ongoing transmission



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There is a markedly enlarged left inguinal lymph node measuring 3.9 x 2.7 x 3.1 cm. Additionally there are enlarged perirectal lymph nodes the largest of which measures 11 mm in short axis. Additional nodes are also identified along the left internal iliac vessels. These findings are suspicious for metastatic disease. No inguinal hernia.