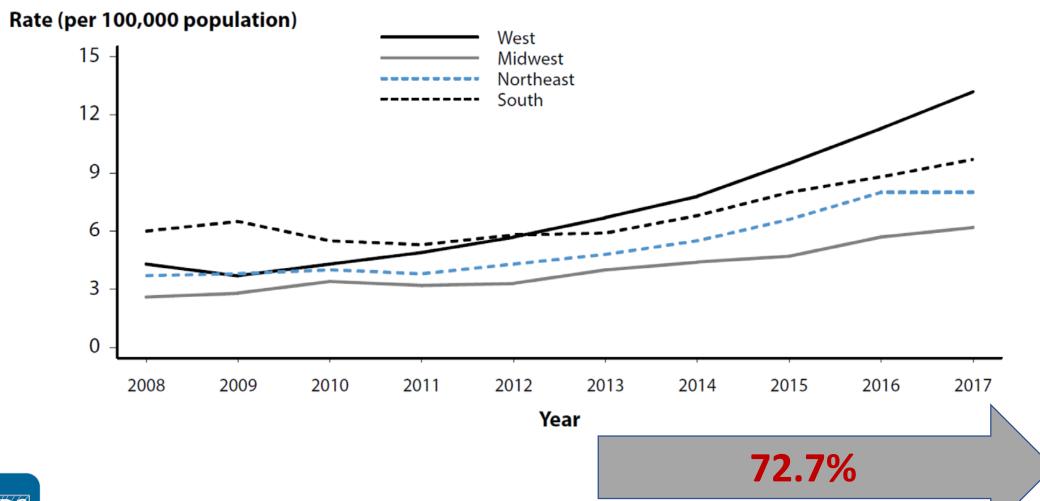


# Primary and Secondary Syphilis — Rates of Reported Cases by Region, United States, 2008–2017



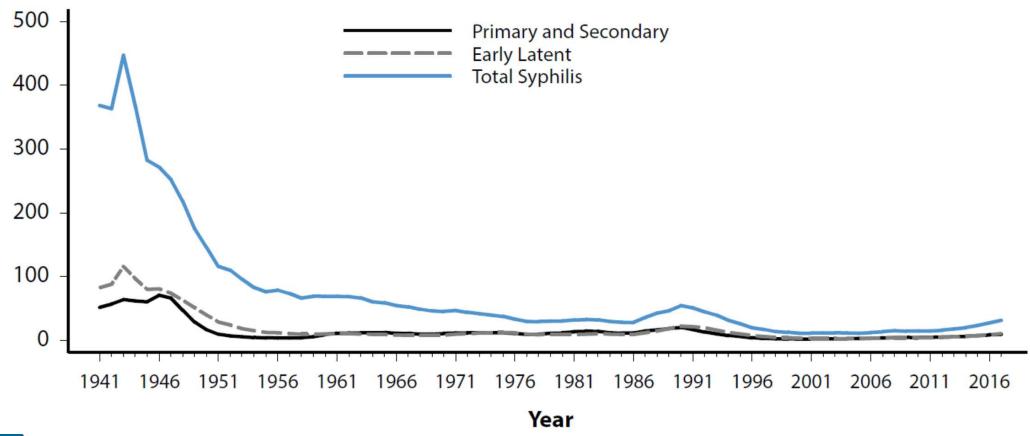


#### **Objectives**

- Summarize epidemiologic trends in sexually transmitted infections (STIs)
- Discuss clinical presentation of sexually transmitted proctitis
- Discuss histologic features of sexually transmitted proctitis, including those distinguishing them from IBD
- Recognize clinical and pathology overlap with IBD and neoplasia

# Syphilis — Rates of Reported Cases by Stage of Infection, United States, 1941–2017

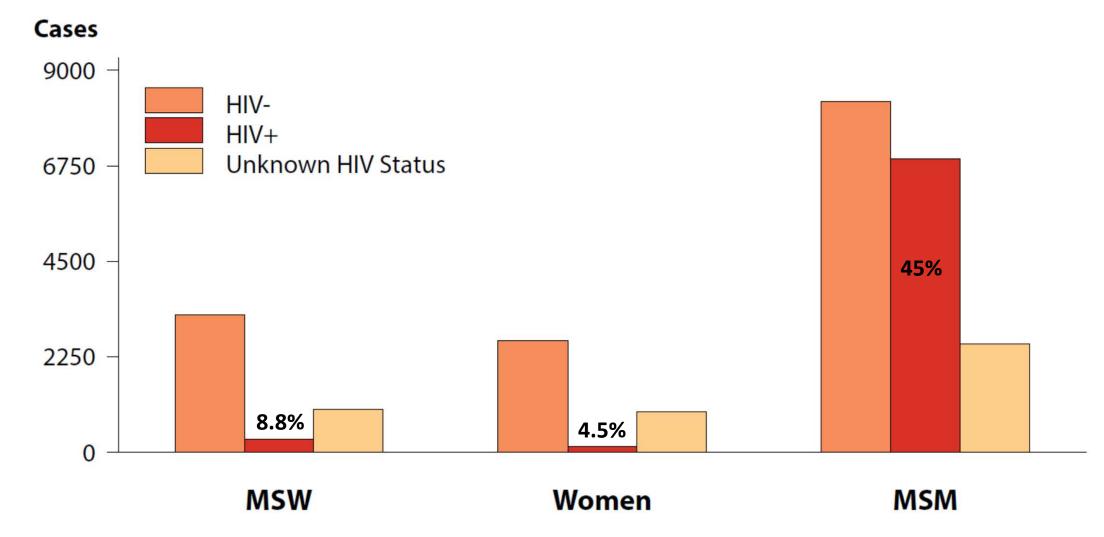
#### Rate (per 100,000 population)



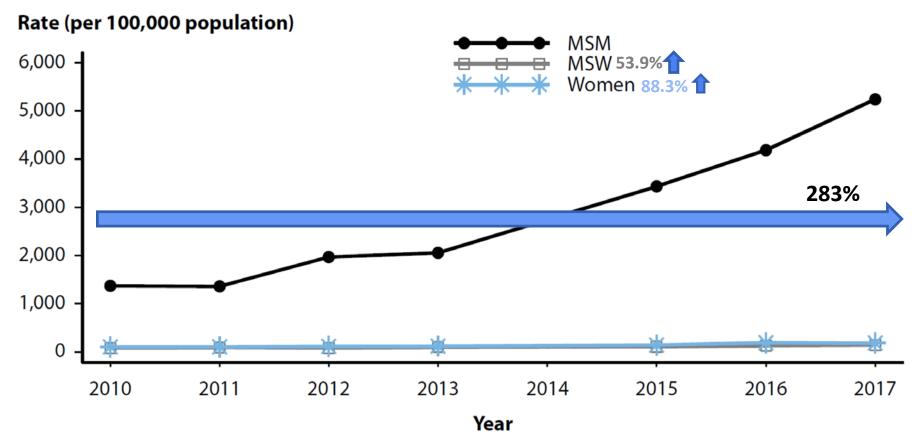


**NOTE:** Data collection for syphilis began in 1941; however, syphilis became nationally notifiable in 1944. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: https://wwwn.cdc.gov/nndss/conditions/syphilis/.

# Primary and Secondary Syphilis — Reported Cases by Sex, Sexual Behavior, and HIV Status, United States, 2017



# Gonorrhea — Estimated\* Rates of Reported Gonorrhea Cases by MSM, MSW, and Women, STD Surveillance Network (SSuN)†, 2010–2017



<sup>\*</sup> Estimates based on interviews among a random sample of reported cases of gonorrhea (N=17,765); cases weighted for analysis.

**NOTE:** Data not available for 2014; 2013–2015 trend interpolated; trends lines overlap for MSW and women in this figure. See section A2.2 in the Appendix for SSuN methods.

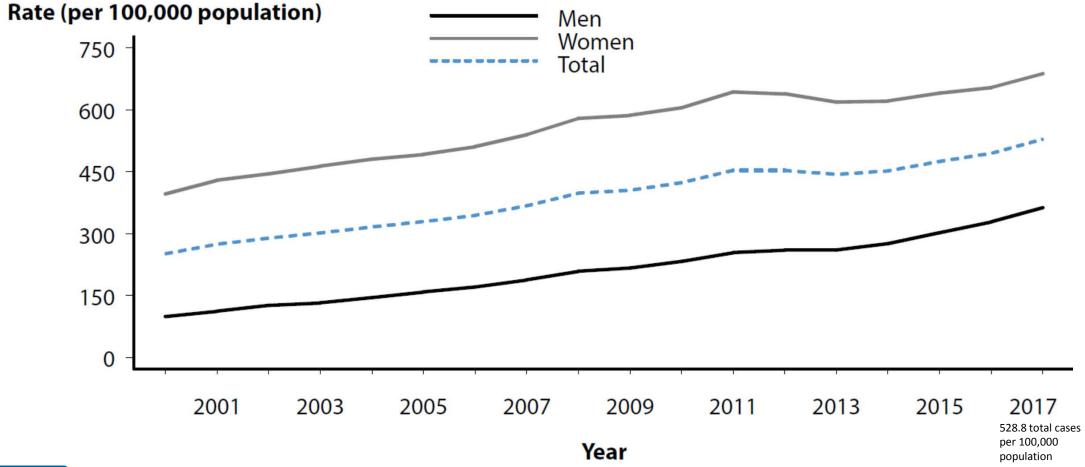
**ADAPTED FROM:** Stenger M, Pathela P, Anschuetz G, et al. Increases in the rate of *Neisseria gonorrhoeae* among gay, bisexual and other men who have sex with men (MSM) — findings from the STD Surveillance Network 2010–2015. Sex Transm Dis 2017; 44(7): 393–397.

**ACRONYMS:** MSM = Gay, bisexual, and other men who have sex with men (collectively referred to as MSM); MSW = Men who have sex with women only.



<sup>&</sup>lt;sup>†</sup> Sites include Baltimore, Philadelphia, New York City, Washington State, San Francisco, and California (excluding San Francisco).

# Chlamydia — Rates of Reported Cases by Sex, United States, 2000–2017





**NOTE:** Data collection for chlamydia began in 1984 and chlamydia was made nationally notifiable in 1995; however, chlamydia was not reportable in all 50 states and the District of Columbia until 2000. Refer to the National Notifiable Disease Surveillance System (NNDSS) website for more information: https://wwwn.cdc.gov/nndss/conditions/chlamydia-trachomatis-infection/.

## **Contributing Factors**

Patient information gaps

Lack of testing

Men who seek partners online

Valdes et al. Knowledge, behaviors, and attitudes of HIV-infected men about syphilis. Med Mal Infect. 2017 Nov;47(7):470-476.

Dean et al. Sexually Transmitted Disease Testing of Human Immunodeficiency Virus-Infected Men Who Have Sex With Men: Room for Improvement. Sex Transm Dis. 2017 Nov;44(11):678-684. Allen et al. Mobile Phone and Internet Use Mostly for Sex-Seeking and Associations With Sexually Transmitted Infections and Sample Characteristics Among Black/African American and Hispanic/Latino Men Who Have Sex With Men in 3 US Cities. Sex Transm Dis. 2017 May;44(5):284-289.

DeSilva. A case-control study evaluating the role of internet meet-up sites and mobile telephone applications in influencing a syphilis outbreak: Multnomah County, Oregon, USA 2014. Sex Transm Infect. 2016 Aug;92(5):353-8.

## **Contributing Factors**

Changing perceptions of HIV infection

Introduction of PrEP

Kojima, N., Davey, D. J. & Klausner, J. D. Pre-exposure prophylaxis for human immunodeficiency virus and sexually transmitted infection acquisition among men who have sex with men: AIDS 1 (2016).

Barreiro P. Hot News: Sexually Transmitted Infections on the Rise in PrEP Users. AIDS Rev. 2018 Jan-Mar;20(1):71.

## **Contributing Factors**

- Not emphasized during medical training
  - 37.6% of medical students think they are adequately trained to address patients' sexual concerns
- 44% of U.S. med schools lack sexual health curricula

- Medical student discomfort when taking sexual history
  - Young
  - Older adults (>75 yrs)

Wittenberg and Gerber. Recommendations for improving sexual health curricula in medical schools: results from a two-arm study collecting data from patients and medical students. J Sex Med. 2009 Feb;6(2):362-8.

#### **STI Proctitis**

- Multiple outbreaks reported in Europe and United States
  - Increased incidence likely parallels broader increase in STI incidence
- MSM are disproportionately affected
  - 23% MSM had rectal gonorrhea by NAAT<sup>1</sup>
- Variable endoscopic or histologic features limited to sigmoid/rectum
  - Propensity to be misdiagnosed as IBD is documented <sup>2,3</sup>
  - May mimic neoplasia in a subset of cases
  - Sexual history should be obtained routinely
- Proctitis may promote HIV transmission

<sup>1.</sup> Turner AN, Reese PC, Ervin M, et al. HIV, rectal chlamydia, and rectal gonorrhea in men who have sex with men attending a sexually transmitted disease clinic in a midwestern US city. Sex Transm Dis. 2013;40:433–438.

<sup>2.</sup> Soni, S., Srirajaskanthan, R., Lucas, S.B., Alexander, S., Wong, T., and White, J.A. Lymphogranuloma venereum proctitis masquerading as inflammatory bowel disease in 12 homosexual men. Aliment Pharmacol Ther. 2010; 32: 59–65

<sup>3.</sup> Levy, Rahav. Delayed diagnosis of colorectal sexually transmitted diseases due to their resemblance to inflammatory bowel diseases. Int J Infect Dis. 2018 Oct;75:34-38

#### **Syphilis Proctitis**

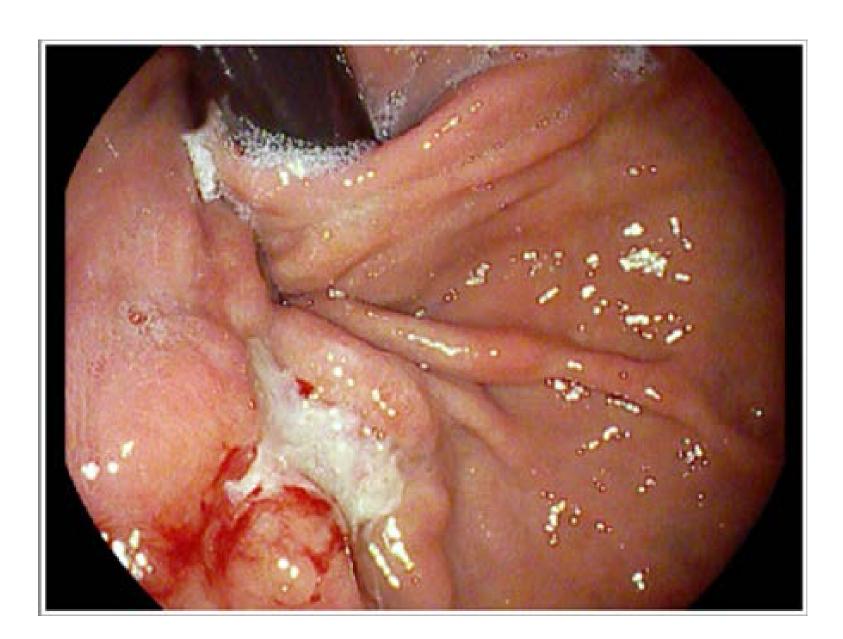
- Primary anorectal syphilis occurs 2-3 weeks after exposure
  - Anorectal chancres, often painful
  - May be mistaken for anal fissures
- Secondary syphilis occurs 6-8 weeks after chancres heal
  - Maculopapular rash of palms and soles
  - Systemic symptoms of fever, weight loss, night sweats
  - Condyloma latum

## **Syphilis Proctitis: Endoscopic Appearance**





## Syphilis gastritis



#### **Syphilis: Diagnosis**

- Ancillary stains low yield<sup>1</sup>
- Darkfield examination for Treponema pallidum of exudate or tissue from lesions
- Two types of serologic tests
  - Non-treponemal tests (VDRL or RPR)
  - 2. Treponemal tests

Fluorescent treponemal antibody absorbed [FTA-ABS] tests

T. pallidum passive particle agglutination [TP-PA] assay

Enzyme immunoassays and chemiluminescence immunoassays

#### **Gonorrhea Proctitis: Clinical Presentation**

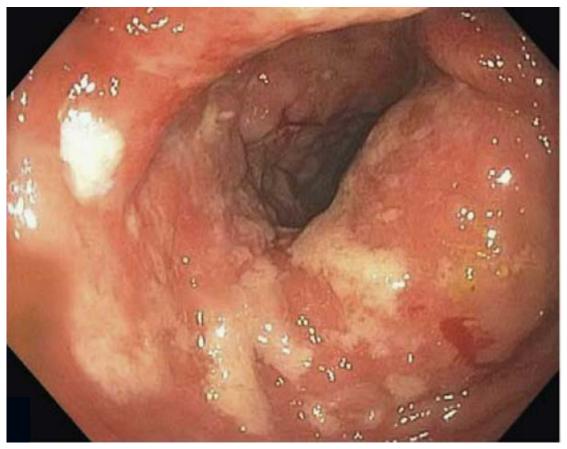
- Typically encountered in individuals engaging in anal receptive intercourse
  - Results from contiguous spread from cervix in 50% of women
- 4.5% to 6% incidence in screened MSM
- 85% of infected patients are asymptomatic
  - Symptomatic patients have higher bacterial loads
- 25% co-infected with Chlamydia
- Perianal pain and pruritus, tenesmus, and mucopurulent or sanguinous discharge

Peters et al. Evaluation of sexual history-based screening of anatomic sites for *Chlamydia trachomatis* and *Neisseria gonorrhea* infection in men having sex with men in routine practice. *BMC Infect Dis.* 2011;11:3

Kent et al. Prevalence of rectal, urethral, and pharyngeal chlamydia and gonorrhea detected in 2 clinical settings among men who have sex with men: San Francisco, California, 2003. *Clin Infect Dis.* 2005;41:67–74.

Whitlow CB. Bacterial sexually transmitted diseases. Clin Colon Rectal Surg. 2004;102:229-243

### **Gonorrhea Proctitis: Endoscopic Appearance**



Case courtesy of Dr. Aatur Singhi, UPMC

#### Chlamydia trachomatis

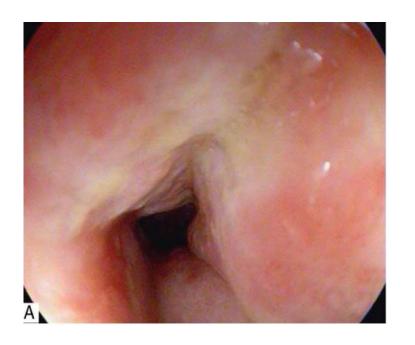
- Most common STI in United States
- LGV associated with serovars L1-L3
  - Incubation period 5-14 days
  - Serovar L2 associated with proctitis
  - Non-LGV chlamydial infections are epithelial,
     whereas LGV serovars are invasive and lymphotropic

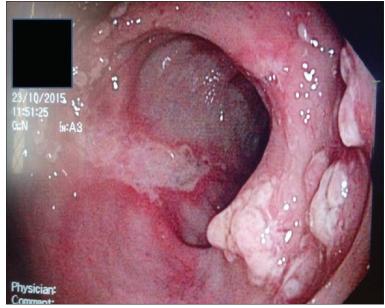
#### **Chlamydia Proctitis: Clinical Presentation**

- Non LGV chlamydia
  - Majority of infections are asymptomatic
  - Anorectal pain, tenesmus, mucosanguinous discharge, abdominal pain, constipation
- LGV: Proctitis and proctocolitis are now the most commonly reported clinical manifestations<sup>1</sup>
  - Stage 1: Painless, ulcerating papule
  - Stage 2: Painful inguinal/femoral lymphadenopathy
    - Proctitis occurs in 96% of patients<sup>2</sup>
  - Stage 3: Strictures, fistulas, disfiguring anogenital lesions

- 1. Stoner et al. Lymphogranuloma Venereum 2015: Clinical Presentation, Diagnosis, and Treatment. Clin Infect Dis. 2015 Dec 15;61 Suppl 8:S865-73
- 2. Ward H, Martin I, Macdonald N, et al. Lymphogranuloma venereum in the united kingdom. Clin Infect Dis. 2007;44: 26 32.

#### **Chlamydia Proctitis: Endoscopic Appearance**







Chlamydia

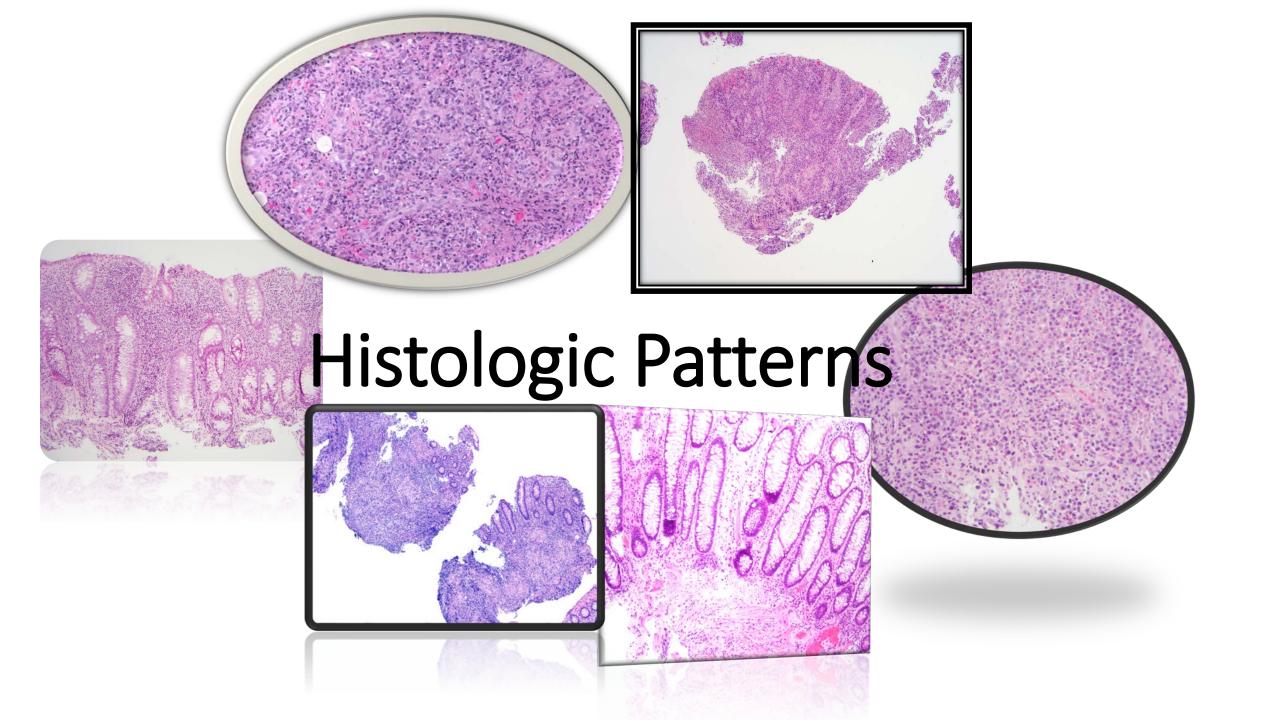
Young patient, 9 cm rectal mass



Courtesy of Dr. Christina Arnold, Ohio State University

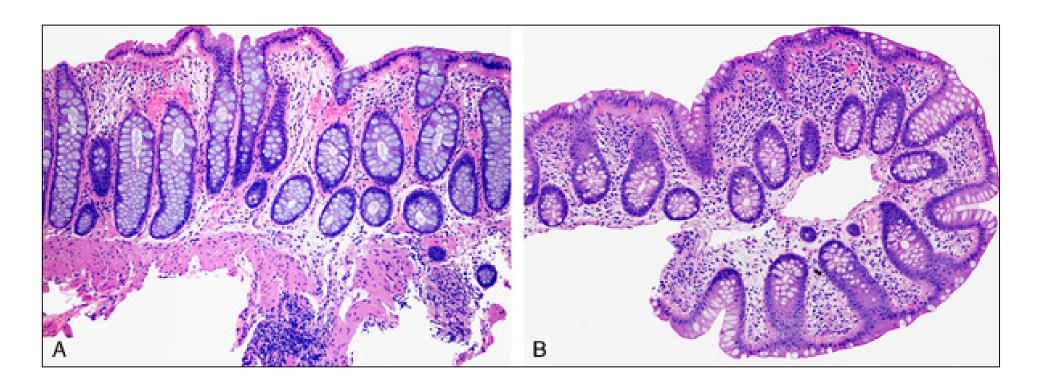
#### Chlamydia/Gonorrhea Diagnosis

- No ancillary stains commercially available (yet)
- Rectal swab for NAAT
- Treat empirically when proctitis, lymphadenopathy, anogenital ulcerations are seen

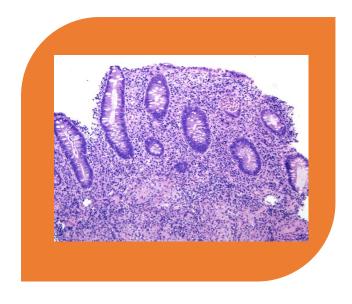


#### **Normal Rectum**

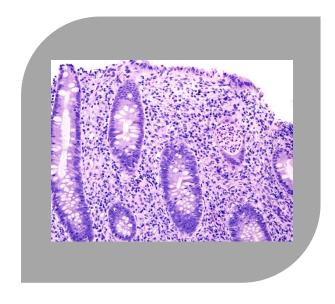
#### Normal Right Colon



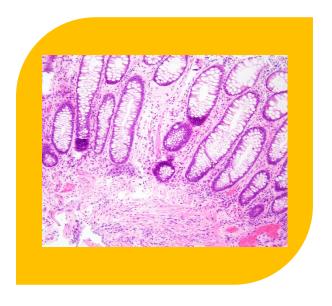
## 3 Main Findings: Rectum



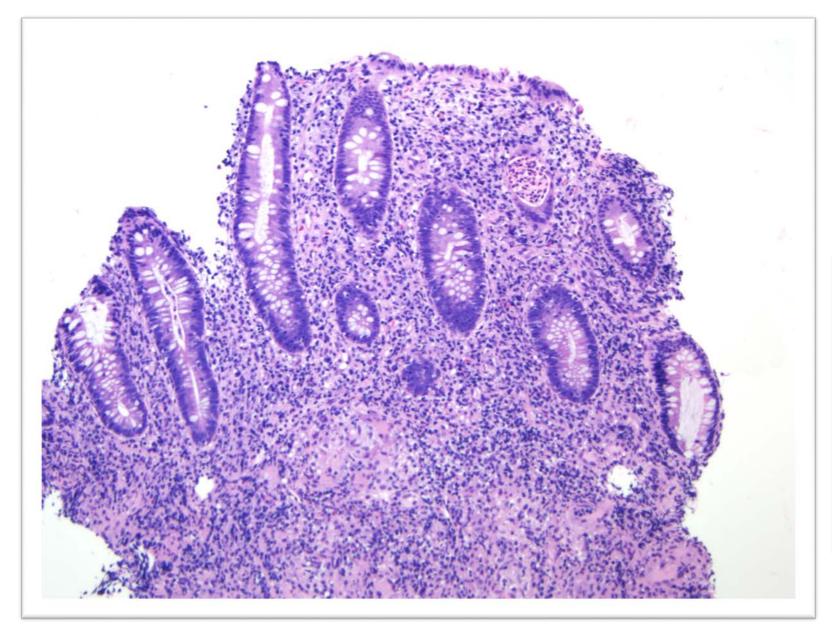
INFLAMMATORY LAMINA PROPRIA EXPANSION



MILD TO MODERATE, FOCAL ACUTE INFLAMMATION

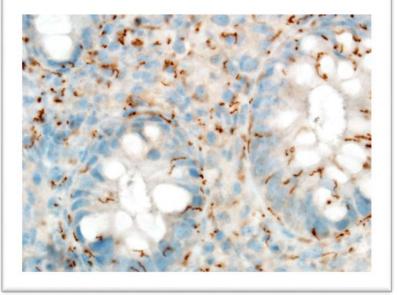


PRESERVED GLANDULAR ARCHITECTURE



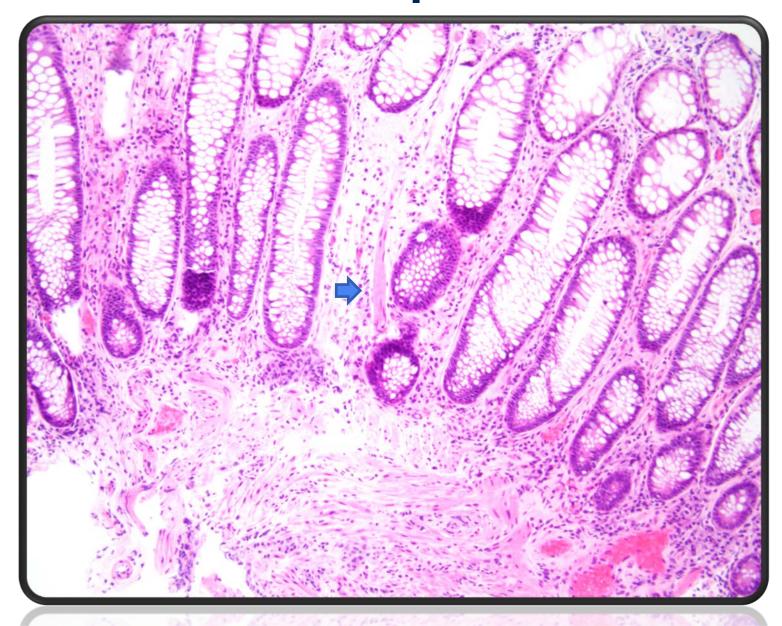
Case courtesy of Dr. Maryam Kherad-Pezhouh, Northwestern, Chicago, IL

#### Syphilis-Lymphomalike

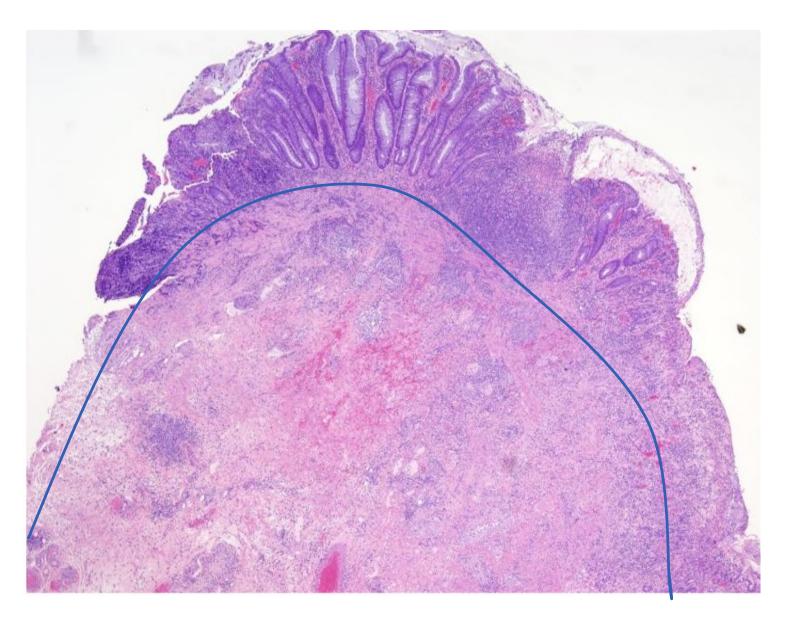


Tse, Zukerberg. Syphilis of the Aerodigestive Tract. <u>Am J Surg Pathol.</u> 2018 Apr; 42(4): 472-478

# Rectal Prolapse-Like

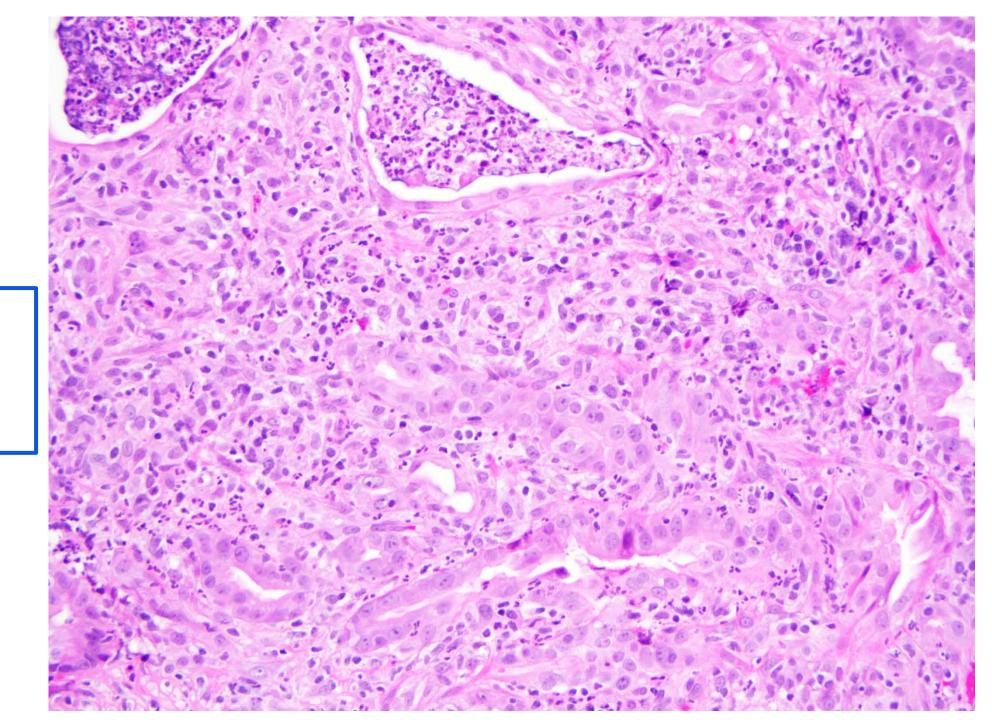


# Tumoral Form: Submucosal Fibrosis

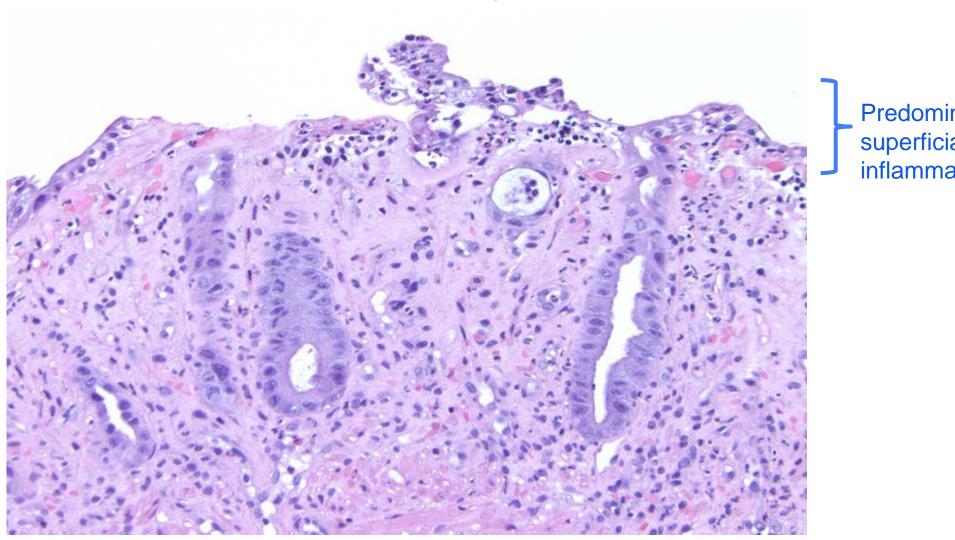


## Initial histologic impressions:

- Lymphoma
- EBV gastritis



#### Gonorrhea-ischemic/radiation injury pattern



Predominantly superficial inflammation

Courtesy Aatur Singhi, MD, PhD, UPMC

#### **Summary**

- STIs are making a comeback
- MSM are at increased risk
- Clinical and pathologic features variable
  - Clinic: Thorough sexual history
  - Clinic and microscope: High level of suspicion

