Aotearoa New Zealand STI Management Guidelines for Use in Primary Care

Anorectal syndromes

Overview

- Anorectal symptoms such as anal pain, discharge, bleeding, ulceration, altered bowel habit and tenesmus can be due to a sexually transmitted infection (STI). STIs should therefore be excluded as part of the evaluation
- Risk is highest in men who have sex with men (MSM)
- Where there is a high suspicion that anorectal symptoms are STI-related, cases should ideally be managed by a specialist sexual health service
- This guideline provides advice for those who work in areas with limited access to specialist sexual health services, or where the patient is reluctant to attend such a service. Discussion with a sexual health physician is recommended in all cases

Proctitis

- Inflammation of the rectum (i.e. distal 10-12 cm)
- Can be associated with anal pain, discharge and tenesmus
- Sexually acquired proctitis occurs predominantly in people who participate in receptive anal intercourse
- Non-infectious causes also possible, e.g. ulcerative colitis

Proctocolitis

- Inflammation of the colonic mucosa and rectum
- Associated with symptoms of proctitis, diarrhoea and abdominal cramps
- Sexually acquired proctocolitis can be acquired by receptive anal intercourse or oral-anal contact, depending on pathogen

Cause

- **Sexually acquired proctitis**
  - *Herpes simplex* viruses (HSV Types 1 and 2)
  - *Chlamydia trachomatis*, particularly strains that cause lymphogranuloma venereum (LGV)
  - *Neisseria gonorrhoeae*
  - *Treponema pallidum* (syphilis)
  - *Mycoplasma genitalium*
- **Sexually aquired proctocolitis**
  - LGV
  - Shigella
  - Campylobacter
  - *Entamoeba histolytica*

Clinical presentation

Symptoms	Comments/Considerations
Anal discharge	
Anal pain	Often accompanied by spasm. May preclude proctoscopy
Perianal ulcers and systemic features	If present, suggest herpes or syphilis
Altered bowel habit	Constipation predominates in proctitis. Alternating constipation and diarrhoea occurs in proctocolitis
Tenesmus	Sensation of needing to pass stool indicates inflammation of anal canal

Indications for testing

- Anorectal symptoms in people with a history of anal sex
- NB It is important to take a sexual history in people with anorectal

symptoms, as sexual practices may not otherwise be disclosed

Recommended tests

- Patients should ideally be referred to a specialist sexual health service, as management may be complex, and further testing may be required
- If referral is not possible, discussion with a sexual health physician is recommended
- The patient should be examined, and tests should be clinician-collected. Ideally this should be done via proctoscope

Investigations

- STI screening as per sexual health check guideline
- In addition, rectal culture swab for *Neisseria gonorrhoeae* (if available)
- Rectal herpes swab
- Request LGV if rectal chlamydia positive. This must be discussed with a sexual health physician or microbiologist
- If diarrhoea, faecal specimen for bacterial pathogens

Management

Syndromic treatment of non-specific proctitis
• Doxycycline 100 mg orally, twice daily for 21 days • PLUS ceftriaxone 500 mg in 2mL of 1% lignocaine, intramuscular injection, as a single dose • PLUS valaciclovir 500 mg orally, twice daily for 7 days

Note: 21-day course of doxycycline to cover the possibility of LGV, which requires a long course of treatment

- If specific STI tests are negative, corresponding treatment for the pathogen can be ceased
- LGV testing is not routinely offered in the community and MUST be discussed with a sexual health physician or microbiologist
- If all tests are negative, cease medications and seek specialist advice if symptoms persist
- **Advise to abstain from sex or use condoms until treatment complete and symptoms resolved, and until partner(s) tested and treated (if indicated)**

Partner notification and management of sexual contacts

- Contact tracing is important to prevent re-infection and reduce transmission
- All sexual contacts in the last 3 months should be notified
- Most patients choose to tell contacts themselves; giving written information can be helpful
- Notifying all contacts may not be possible e.g. if there is insufficient information or a threat of violence

Management of sexual contacts

- Contacts should have a sexual health check, including testing for LGV if index case positive
- Advise contacts to abstain from sex or use condoms until results are available, and treatment (if any) completed
- If index case or contacts test positive for an STI, see appropriate STI guideline for management
- Patient-delivered partner therapy is not legal in Aotearoa New Zealand

Follow up

Review in **1 week** (in person or by phone): • Discuss test results • Check symptoms have resolved • Ask if any condomless sex in the week post-treatment • Check medication was completed and tolerated • Ensure notifiable contacts have been informed • Check if any risk of re-infection. Retreatment is necessary if re-exposed to an untreated positive contact
Test of cure • Refer to appropriate STI guideline for advice, if positive for an STI
Retesting • Re-infection is common • Retesting at **3 months** is recommended, to detect re-infection

Indications for specialist referral

Referral to or discussion with a sexual health specialist is recommended for:

- Patients with anorectal symptoms and a history of receptive anal sex, where there is a high suspicion that symptoms are STI related
- Screening and treatment of sexual contacts if clinician wishes
- Allergy or contraindication to standard treatment options
- Complicated clinical situations for further management

Auditable outcomes

- 100% of patients with proctitis have been investigated with appropriate tests to exclude STIs

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Endorsement: These guidelines have been endorsed by the Blood Borne Viruses and Sexually Transmitted Infections Standing Committee (BBVSS).

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