

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 acquired proctocolitis**
 - LGV
 - Shigella
 - Campylobacter
 - *Entamoeba histolytica*
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Clinical presentation

Symptoms	Comments/Considerations
Anal discharge	
Anal pain	Often accompanied by spasm. May preclude proctoscopy
Perianal ulcers and systemic features	If present, suggest <u>herpes</u> or <u>syphilis</u>
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

<p>Review in 1 week (in person or by phone):</p> <ul style="list-style-type: none">• Discuss test results• Check symptoms have resolved• Ask if any condomless sex in the week post-treatment<ul style="list-style-type: none">• 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
<p>Test of cure</p> <ul style="list-style-type: none">• Refer to appropriate STI guideline for advice, if positive for an STI
<p>Retesting</p> <ul style="list-style-type: none">• 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

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

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