

Proctitis 2020

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14.00-15.30 KOLOPROKTOLOGISCHE **NOTFÄLLE**
URGENCES COLOPROCTOLOGIQUES

Chairmen: Miriam Thumshirn, Basel, Daniel Steinemann, Basel

14.00-14.30 **Proktitis**
Proctitis

30 % Lidocain-Salbe (lipophilic)

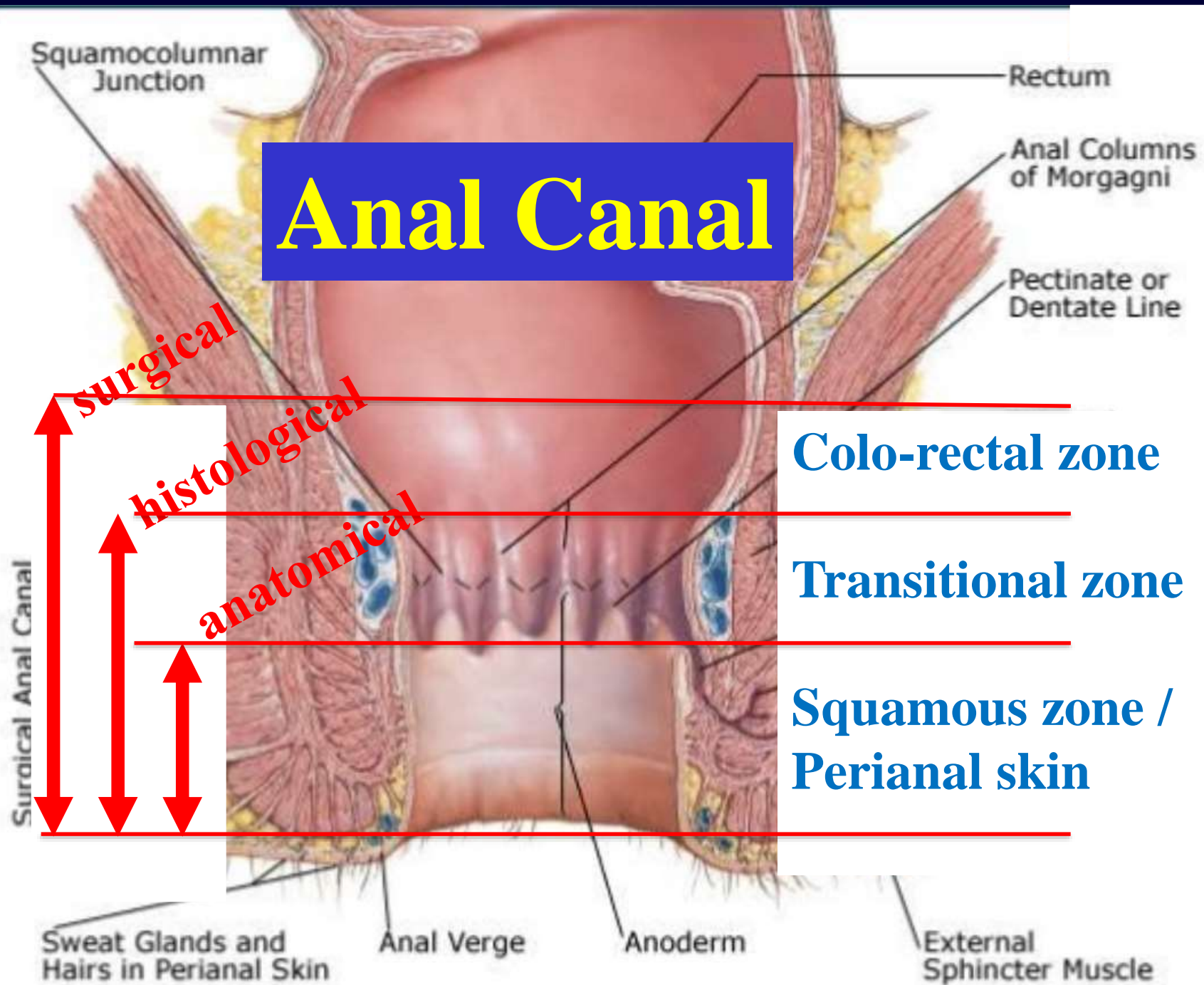
rektale Verletzungen
Traumatismes rectaux
Dieter Hahnloser, Lausanne

15.00-15.30 Colon Ileus
Iléus colique
Peter Bauerfeind, Zürich

Proctitis-Definition

- **Proctitis: inflammation of the mucosa of the anus and the lining of the rectum....**
- **last 6 inches of the rectum...**
- **Natural history: often asymptomatic / self-limiting**
- **Acute / chronic**

Anal Canal



Rectum

Anal Columns of Morgagni

Pectinate or Dentate Line

Colo-rectal zone

Transitional zone

Squamous zone / Perianal skin

Surgical Anal Canal

surgical

histological

anatomical

Squamocolumnar Junction

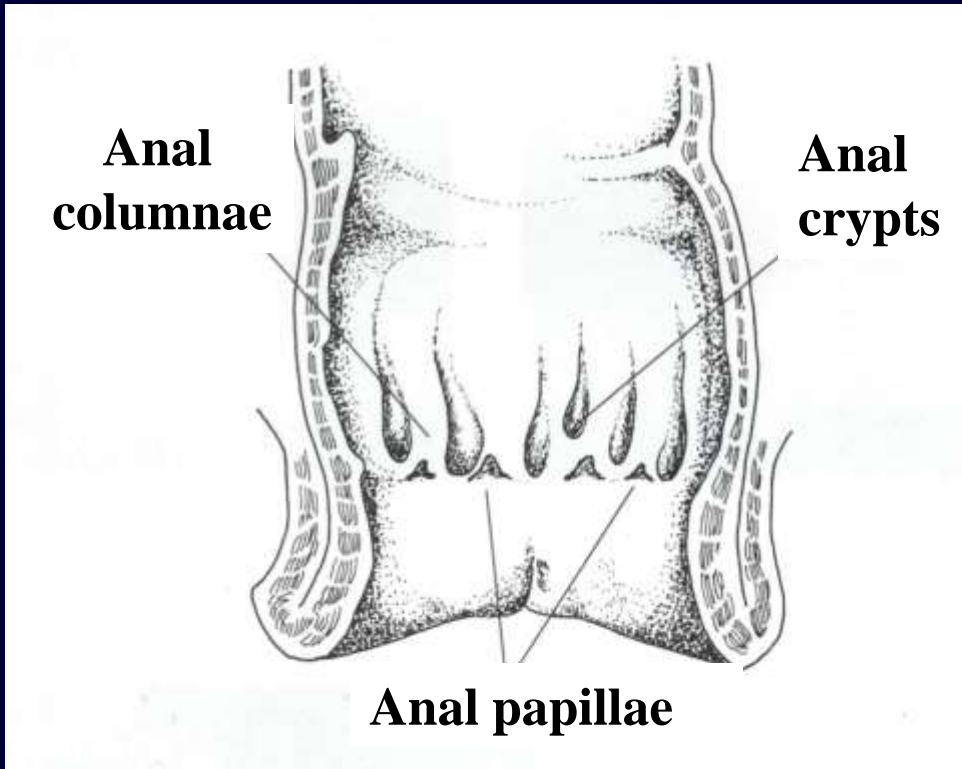
Sweat Glands and Hairs in Perianal Skin

Anal Verge

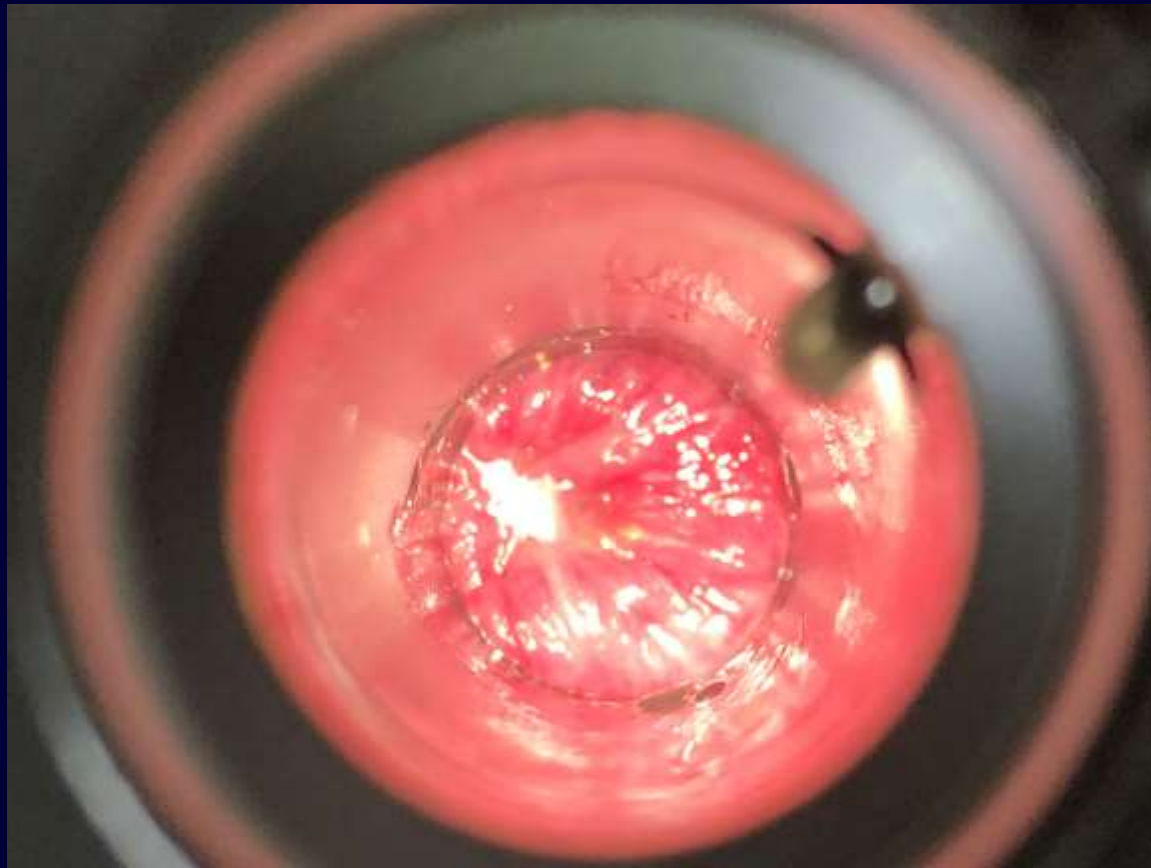
Anoderm

External Sphincter Muscle

Anitis: Kryptitis / Papillitis



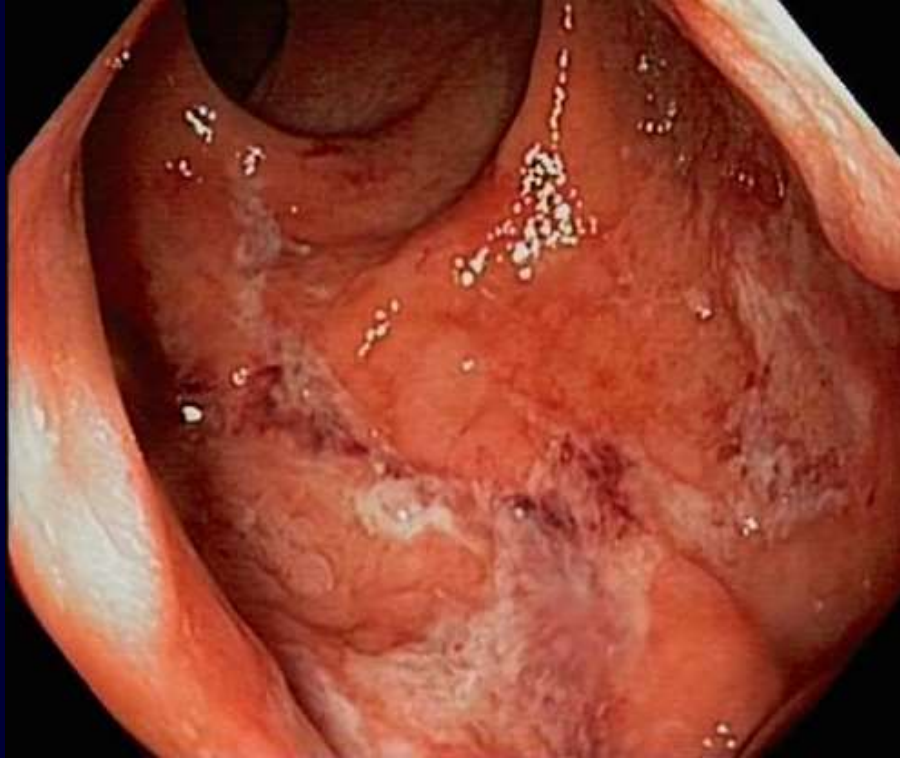
Proctoscopy



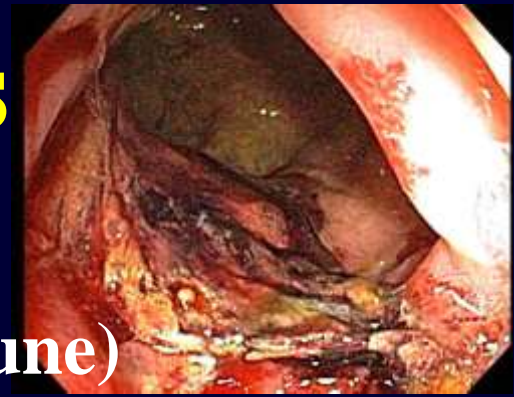
High resolution



Proctoscopy-attractif...

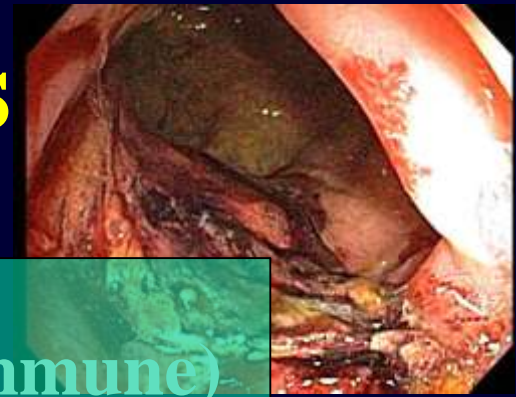


Proctitis: Causes



- **Inflammatory bowel diseases (autoimmune)**
- **Infectious proctitis**
 - inclusive sexually transmitted diseases (STD`s)
- **Post-Radiation**
- **Concomitant Proctitis (hemorrhoids, diarrhoea, fissure, solitary ulcer syndrome, ischaemic, diversion proctitis)**
- **Food protein-induced proctitis**
- **Eosinophilic proctitis, adolescent/newborn, allergic?**
- **Idiopathic proctitis ...**

Proctitis: Causes



- **1) Inflammatory bowel diseases (autoimmune)**
- **2) Infectious proctitis**
incl. sexually transmitted diseases (STD`s)
- **3) Post-Radiation**
- **Concomitant Proctitis** (hemorrhoids, diarrhoea, fissure, solitary ulcer syndrome, ischaemic, diversion proctitis)
- **Food protein-induced proctitis**
- **Eosinophilic proctitis, adolescent/newborn, allergic?**
- **Idiopathic proctitis ...**

1) Proctitis in Inflammatory bowel disease

- about 30% of pts with IBS have inflammation of the rectum
- about 27-54% will develop more extensive disease over time
- **risk factor: flare up in the first year** *Huguet 2018*

ulcerative proctitis **therapy** *German guidelines 2018*

- light to medium proctitis: Mesalazine supp 1g/d, M.-foam or
-clyss possible as alternative
- if therapy fails, topic steroids or oral Mesalazine , >2g/d
- remission preserving Mesalazine, 2years, 1.2g to 2.4g even,
remission longer with 2.4g

Seibold 2014 **low adherence to rectal mesalazin**, only 26% patients were treated with topical therapy of 5-ASA or corticosteroids

Efficacy of Tumor Necrosis Factor Antagonist Treatment in Patients With Refractory Ulcerative Proctitis

Pineton 2019

CONCLUSIONS:

In a retrospective study of 104 patients with refractory UP, anti-TNF therapy induced clinical remission in 50% and mucosal healing in 60%. About two thirds of the patients were still receiving anti-TNF therapy at 2 years

Tacrolimus Suppositories in Therapy resistant Ulcerative Proctitis

Jaeger 2019

In ulcerative proctitis, adding tacrolimus suppositories can be an effective and safe option when topical mesalazine, corticoid formulations and concomitant oral or parenteral medications have failed.

Tacrolimus ointment

- *Simon Travis 2018*

Tacrolimus powder 0,5mg/ml

**Mixed with propylene glycol, liquid
paraffin, white soft paraffin**

2) Infectious proctitis

Sexually transmitted infections, spread particularly by people who engage in anal intercourse, can result in proctitis.

Sexually transmitted infections that can cause proctitis include gonorrhea, genital herpes and chlamydia.

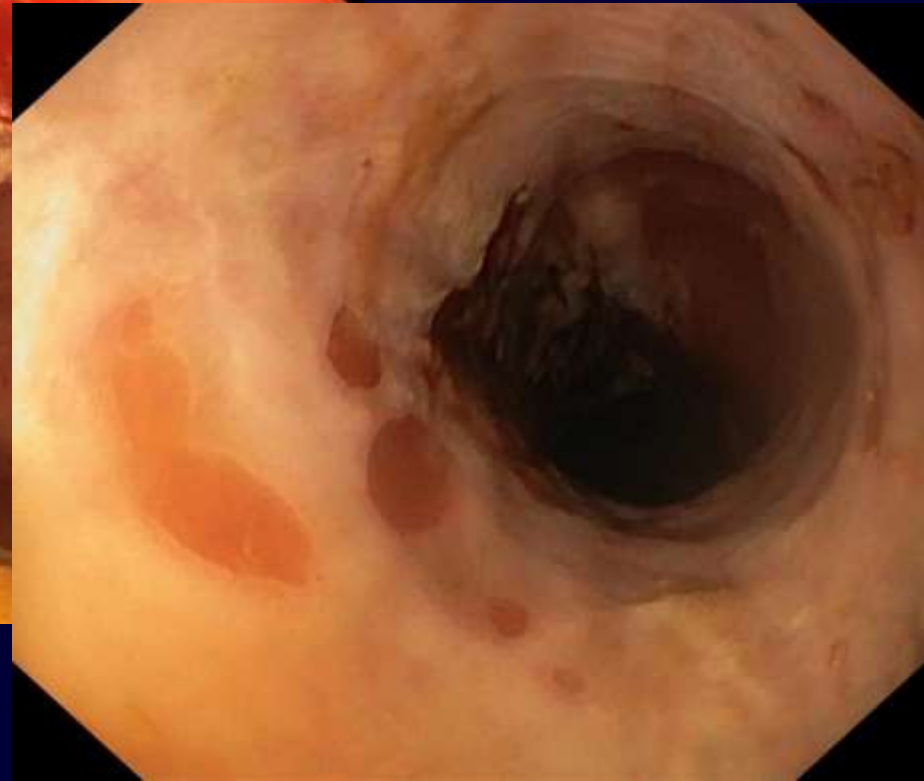
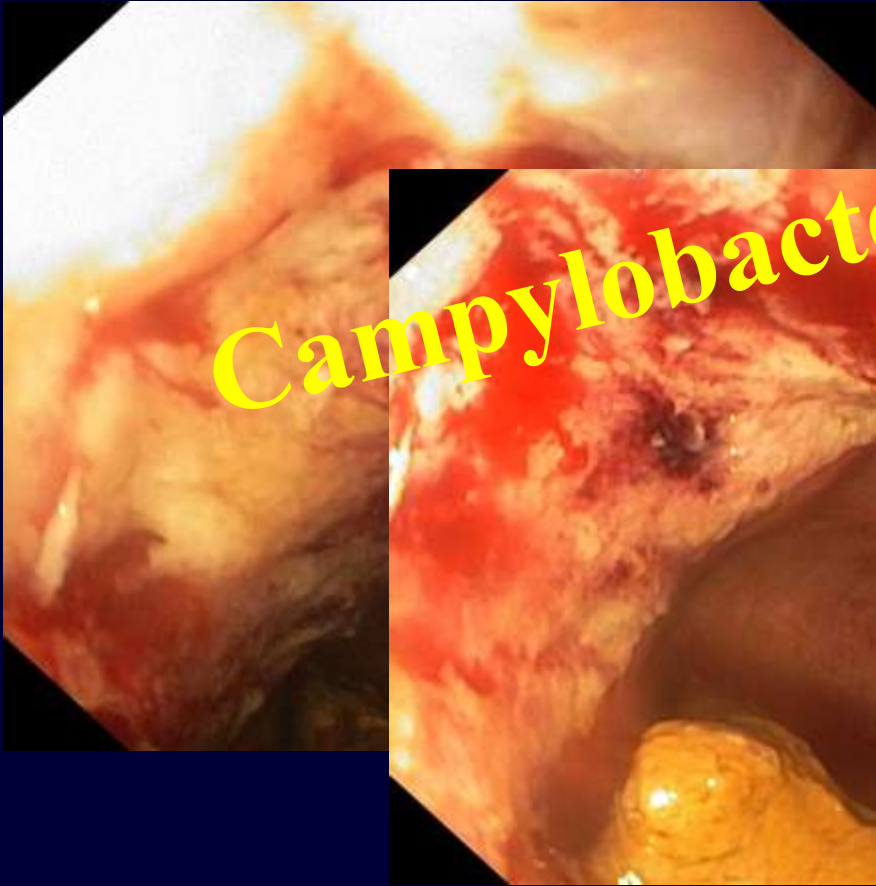
Infections associated with foodborne illness, such as salmonella, shigella and campylobacter infections, also can cause proctitis.

63y man

diarrhea, mucus discharge, bleeding

Non-MSM, HIV neg

Campylobacter-proctitis



22y man

- Mucus discharge
- soft stool

**Clostridioides-
pseudomembranous colitis!**



27y man

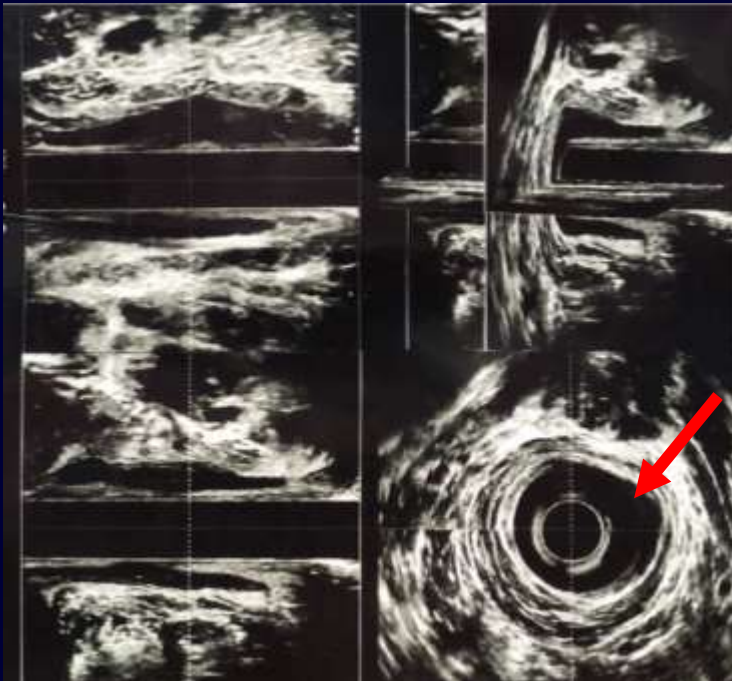
- Emergency station: pat. anal pain, abscess?
- MSM, HIV neg.



→ Incision?

→ Endoanal ultrasound!

ANAL EUS, 3 D



- smear

- smear: Neisseria gonorrhoe

- **smear: Neisseria gonorrhoeae**

Differential diagnosis:

- **Chlamydia trachomatis /
Lymphogranuloma venerum**
- **Treponema pallidum – Syphilis, Lues**
- **Ulcus molle – Haemophilus ducreyi**

GO-ABSCESS

J. Lourtet Hascoet et al. / International Journal of Infectious Diseases 71 (2018) 9–13

11

Table 2
Clinical presentations of *Chlamydia trachomatis* and *Neisseria gonorrhoeae* anorectal infections.

	CT infection (n = 91)	NG infection (n = 48)	p-Value univariate analysis	p-Value multivariate analysis
Age, years (median, [IQR])	38 [28–46]	29 [25–39]	<0.01	<0.01
Clinical symptoms				
Rectal Pain, n (%)	64/91 (70.3)	41/47 (87.2)	0.03	–
Purulent discharge, n (%)	28/83 (33.7)	11/48 (22.9)	0.23	–
Rectal bleeding, n (%)	55/85 (64.7)	22/49 (44.9)	0.03	–
Abscess, n (%)	7/85 (8.2)	14/48 (29.1)	0.002	0.002
Ulcerations in rectal mucosa, n (%)	24/81 (29.7)	13/48 (27)	0.54	–
Rectitis, n (%)	67/83 (80.7)	38/48 (79.1)	0.82	–
Condyloma, n (%)	17/81 (21)	1/48 (8.3)	0.002	0.02
Duration between first symptoms and health care contact, days (median, [IQR])	18.46	13.2	0.51	–

- **Hascoet 2018:** Proctitis in MSM : in 2 y
441 pts, **50.1 % smear pos.**
 - 109 *Clamydia trachomatis*
 - 70 *Neisseria gonorrhoeae*
 - 42 both!
- AB-resistence: **Japan Ceftriaxon-GO-Stamm**
- **AWMF Sk-Leitlinien Germany**

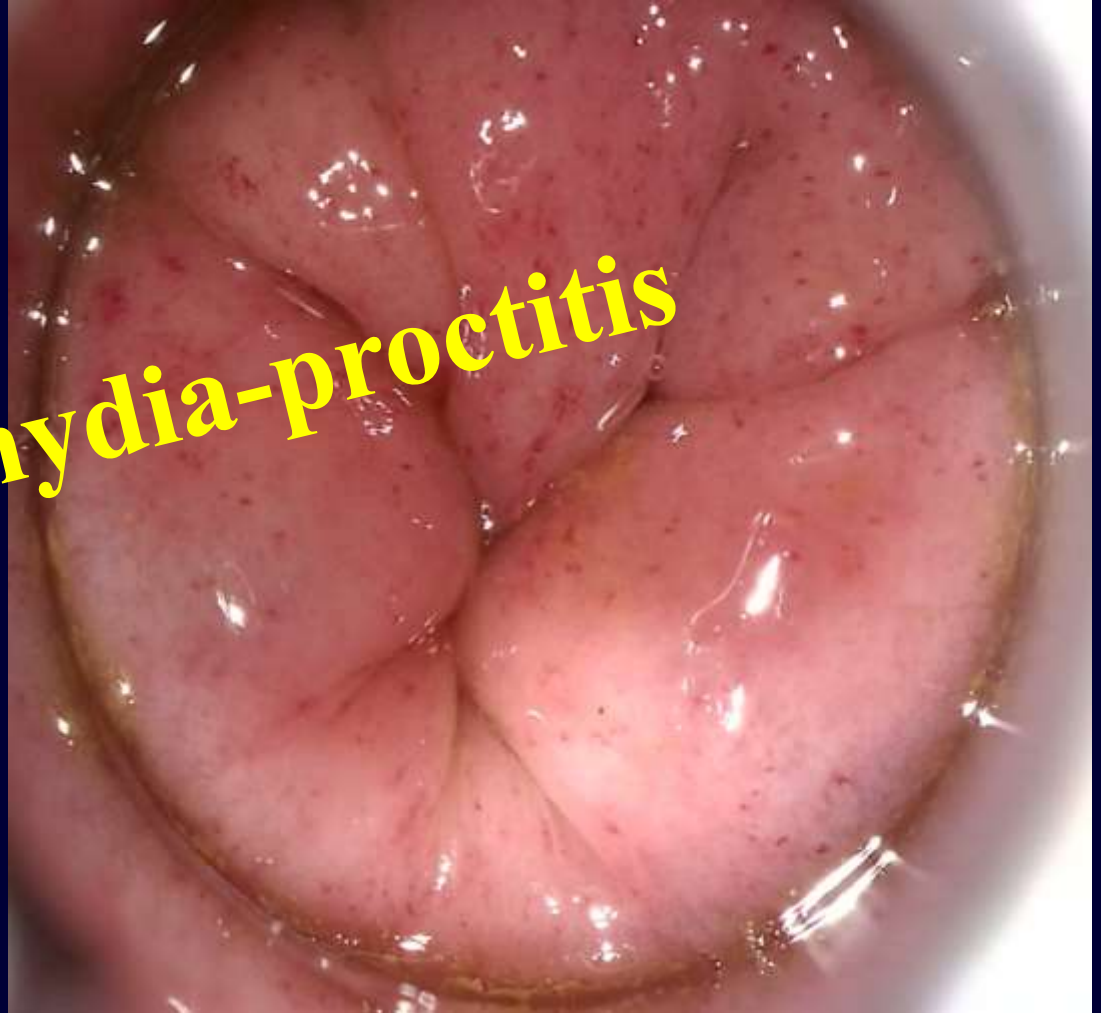
THERAPY:

- **Ceftriaxon 1 gr iv**
- **Azithromycin 4x250mgr per os
(resistance? Chlamydia?)**
- **Medical education / control /
control of partner (s) /
notification to health authority**

32 y man

- anal pain, cramps
- bleeding

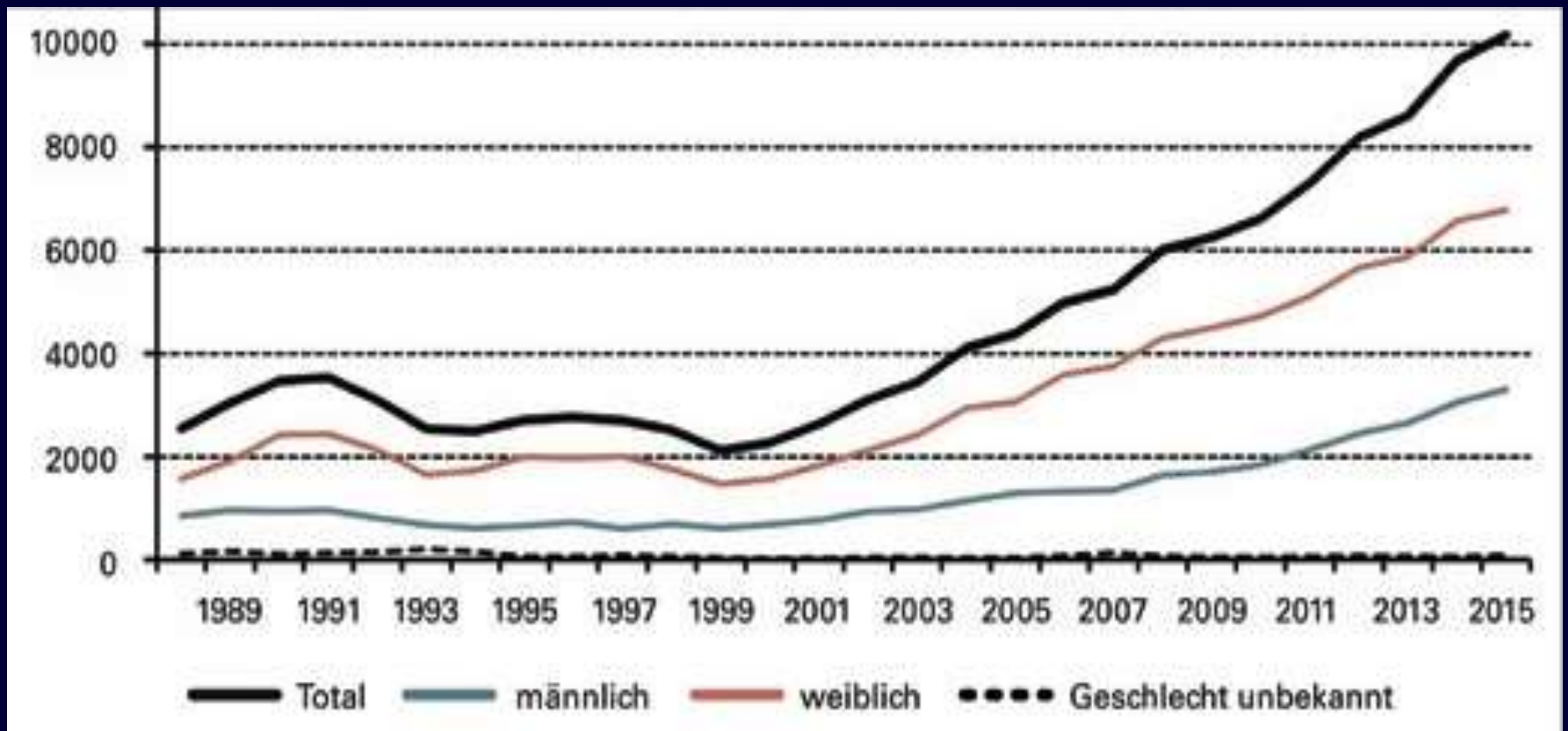
Chlamydia-proctitis

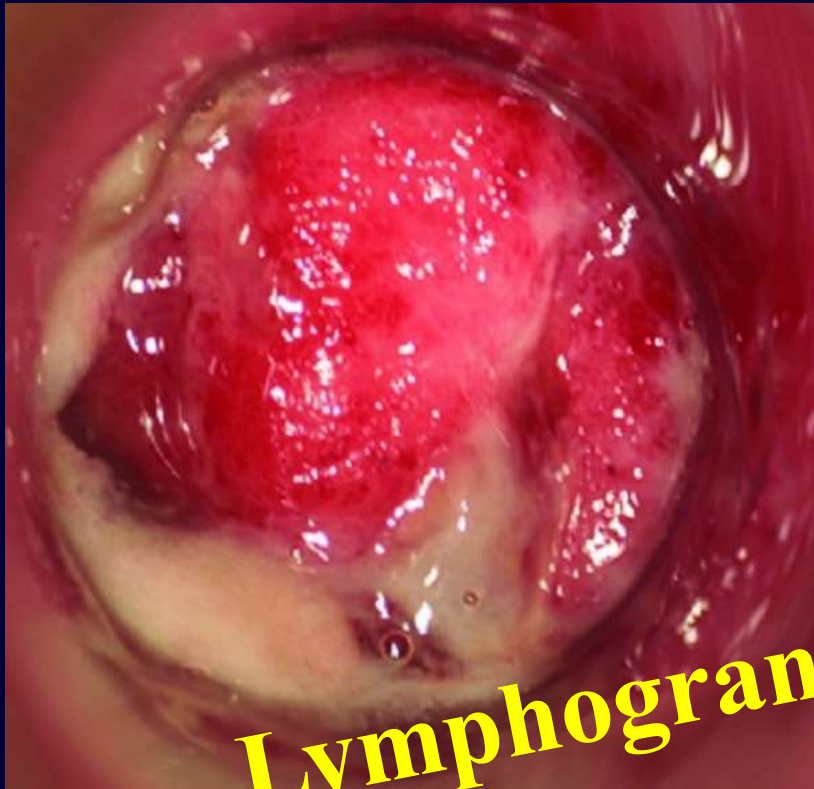




Chlamydia-colitis

Chlamydia cases CH





Lymphogranuloma venereum



2019 European guideline on the management of lymphogranuloma venereum *de Vries 2019*

- Screening for STIs (at a minimum syphilis and gonorrhoea), including HIV (if not already known HIV-positive), hepatitis B and hepatitis C
- Therapy
 - Doxycycline 100 mg twice a day orally for 21 days

Pain, constipation, and tenesmus in an adolescent female: consider *Chlamydia proctitis* *Solomon 2019*

CASE-REPORT

SUMMARY AND CONCLUSION:

Clinicians should be increasingly aware of the potential for rectal infection and disease associated with chlamydia among women. Sexually active females presenting with rectal pain and complaints should be screened for *Chlamydia* infection of the rectum.

MSM-evaluation

- Detailed story / external anal exam /digital rectal exam
bleeding? pain? purulent discharge?
- Gram-stain: polymorphonuclear leukocytes?
- Swap: **gonorrhea / chlamydia**: Nucleid amplification test (NAAT) / culture, **HSV**: PCR / culture **Syphilis**: NAAT / peripheral blood (TPHA or rapid plasma reagin, RPR) / (**Ulcer molle/Mycoplasma genitalium**)
LGV: DNA if chlamydia positive
- PCR stool: **Campylobacter, Shigella**
Giardia, Entamoeba
- **Clostridium**
- **AIN / HPV**
- High resolution proctoscopy / staining: aceticacid+Lugol
- 3D-EUS

The diagnosis is depending on the knowledge of what you have to search for! Müller 2020

Proctitis in MSM



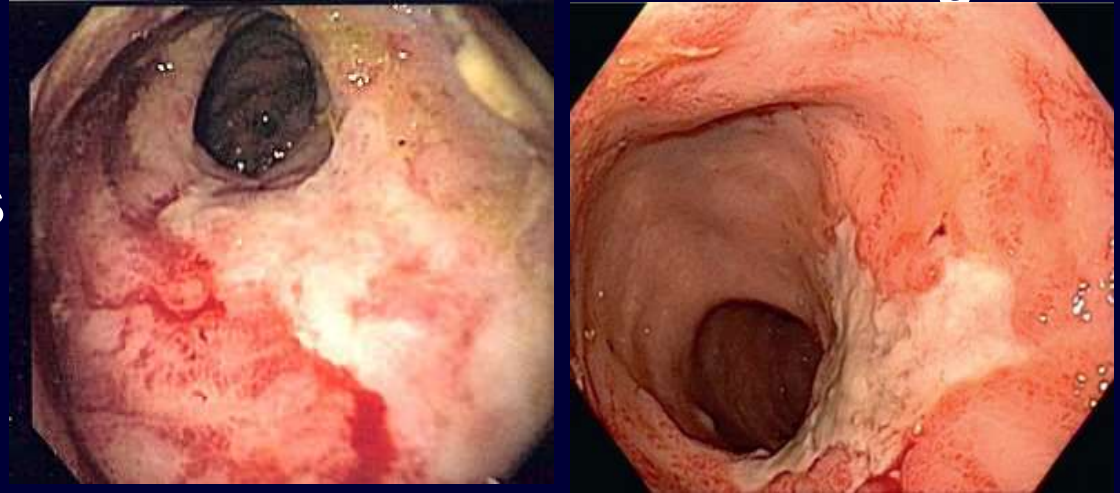
**Ulcer:
LGV, Herpes, Syphilis!**

3. Radiation-induced Proctitis

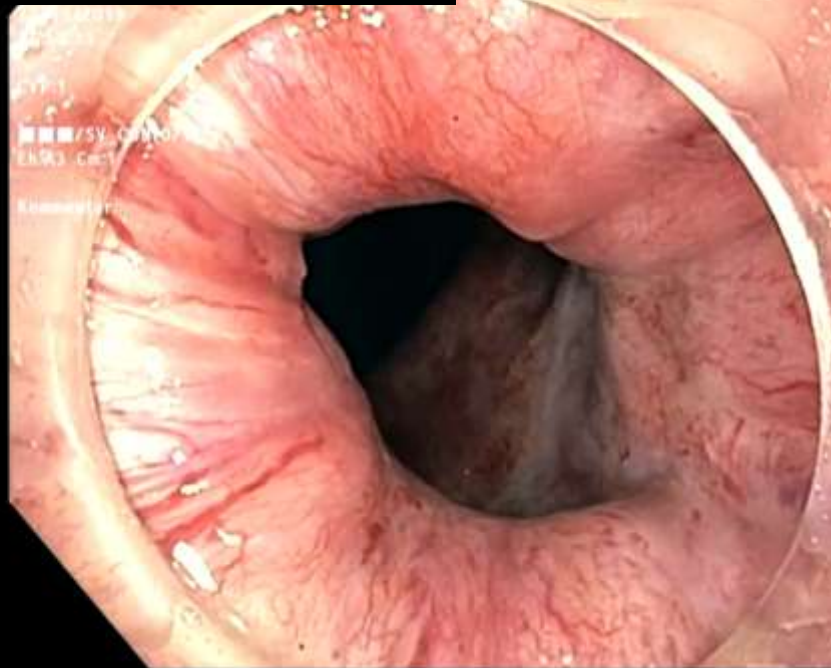
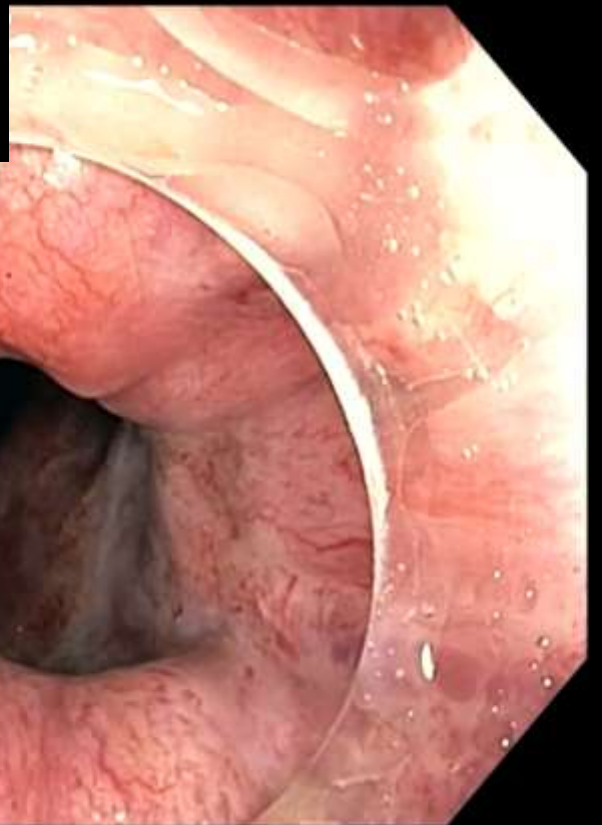
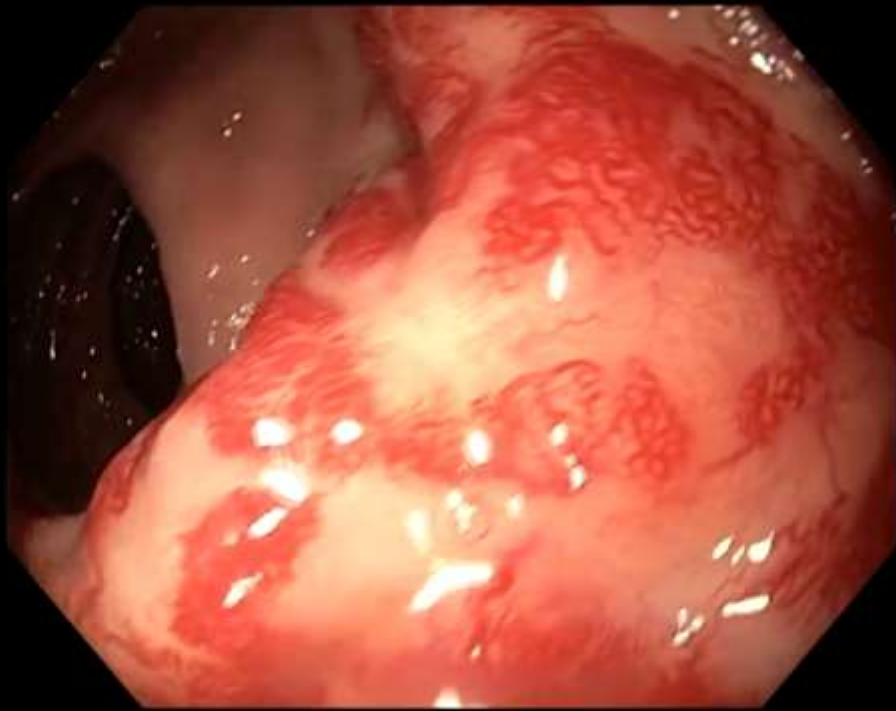
- Occurrence of acute proctitis 80%?, chronic proctitis 5%
- Radiation proctitis and chronic proctitis: not associated to each other
- Novel external beam therapy with 3D-dimensional conformal radiotherapy vs external beam radiation: higher doses / reducing toxicity of surrounding areas

- acute:
within first 6 weeks

- chronic:
within 9m-30y



- Chronic: + severe bleeding, fistulas, strictures, perforations, severe bleeding, fibrotic changes



Radiation-induced Proctitis

Therapy

Medication orally / clyster / topical / oxygen therapy

Butanoate (Prevention?), Mesalazine, Sucralafate, Metronidazole, Cortison

Topical formaldehyde, Hyaluronic acid *Cosentino 2018*, Hyperbaric oxygen therapy *Cooper 2018*,

Amifostine (cytoprotective agent, prevention?), Acetarsol *Kiely 2018*, Epinephrine *Quin 2019*

Therapeutic endoscopy

Dilatation, APC *Weiner 2017*, cold therapy, RFA *McCarty 2018*, mesenchymal stem cells

(Management of radiation proctitis *Tabaja 2018*)

Chronic haemorrhagic radiation proctitis: A review

Ramakrishnaiah 2016

- **Sucralfate enema**: better effect than anti-inflammatory agents
- **Sucralfate-steroid retention enema and short chain fatty acid enema** are both equally effective
- 4% formalin is more effect. than sucralfate-steroid enema
- **APC + formalin** don't improve the rectal dysfunction, only stop bleeding
- **HBOT** is the only treatment modality currently, which addresses the problem / effective but costly / available in a few centers
- Vitamin A, C, E and other modalities have to be kept in mind
- Surgical intervention is to be kept as a last resort

Sodium butyrate enemas in the treatment of acute radiation- induced proctitis in patients with prostate cancer and the impact on late proctitis.

A prospective evaluation

Hille2008

RESULTS: 23 of 31 patients (74%) experienced a decrease of CTC grade within 8 days on median. A statistical significant difference between the incidence and the severity of proctitis before start of treatment with sodium butyrate enemas compared to 14 days later and compared to the end of irradiation treatment course, respectively, was found. The median follow-up was 50 months. Twenty patients were recorded as suffering from no late proctitis symptom. Eleven patients suffered from grade I and 2 of these patients from grade II toxicity, too. No correlation was seen between the efficacy of butyrate enemas on acute proctitis and prevention or development of late toxicity, respectively.

Conclusion: Sodium butyrate enemas are effective in the treatment of acute-induced proctitis, but have no impact on the incidence and severity of late proctitis.

Sodium butyrate enemas

Natriumbutyrat 80mol

Clysmo Formula

Labor Schaffhausen

- Nettopreis 12.90



Sucralfate paste enema: a new method of topical treatment for haemorrhagic radiation proctitis.

McElvanna 2014

CONCLUSION:

Most patients demonstrated clinical improvement. This initial experience of the sucralfate paste enema may provide the basis for a prospective study...

Sucralfate clyss

Sucralfate
Clysmma Formula
Labor Schaffhausen



Therapy of Radiation Proctitis

- small trials, little data
- prevention?
- acute proctitis: **Buytrate**
- chronic proctitis: many possibilities,
Sucralfate



52 y woman

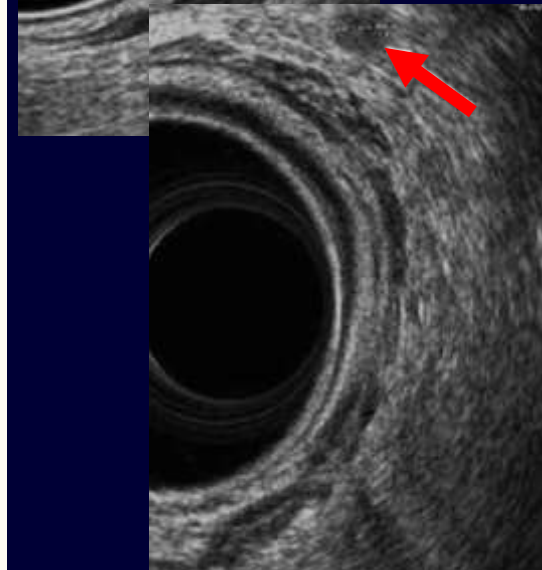
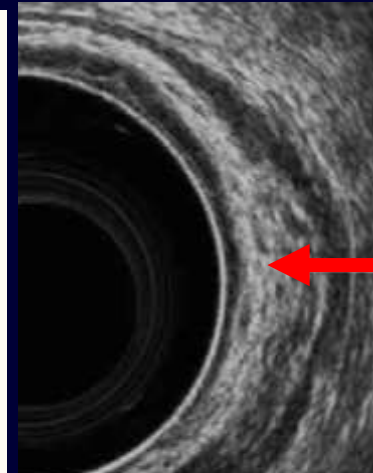
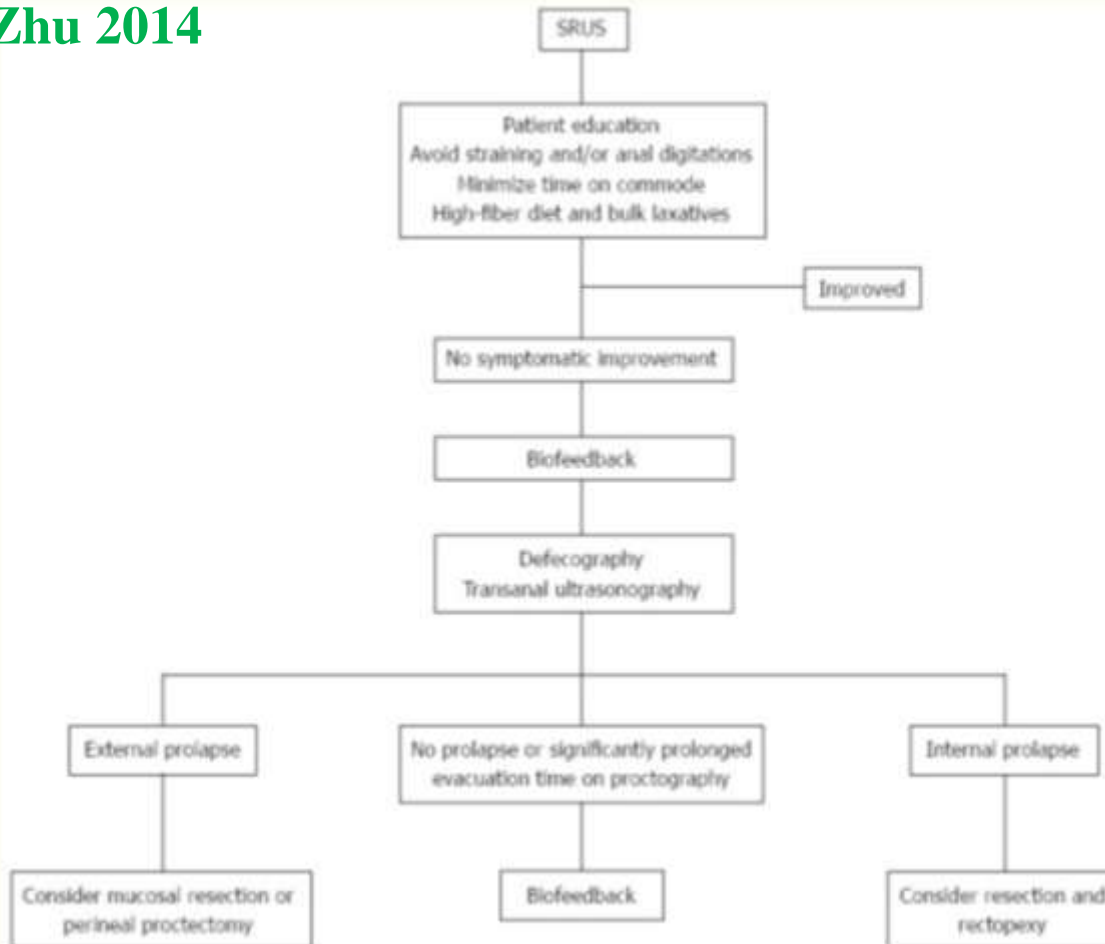
- Bleeding
- Outlet-obstruction

Solitary Ulcer Syndrome



Solitary Ulcer Syndrome

Zhu 2014



Conclusions: Proctitis

- **Inflammatory proctitis: topical therapy, important first year treatment!**
- **Infections proctitis (in MSM): Increasing numbers ! Causes and Therapy: „It is getting complicated!“**
- **Post-Radiotherapy: topical, commercially the most effective medications are not always available!**

