

Idiopathic Rectal Ulcer Associated with Human Immunodeficiency Virus Infection

Marta Patita, MD¹  · Gonçalo Nunes¹ · Cristina Fonseca¹

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A 40-year-old heterosexual man, with a personal history of human immunodeficiency virus (HIV) infection under antiretroviral therapy (stage A2 of the CDC (Centers for Disease Control and Prevention) classification), presented with complaints of tenesmus and rectal bleeding. The patient underwent a colonoscopy that identified an ulcerated lesion of the distal rectum, beginning above the pectinate line, friable, with raised and irregular edges, about 4 cm in length, occupying half the circumference of the lumen (see Fig. 1). The biopsies performed revealed only chronic idiopathic ulceration, without

typical characteristics of solitary rectal ulcer. In the histological material, no microorganisms or neoplastic cells were identified and the Warthin-Starry stain and the immunohistochemistry investigation of cytomegalovirus or herpes virus infection were negative, as well as polymerase chain reaction (PCR) and culture for mycobacteria. The microbiological study of feces was negative, as were viral serologies. Pelvic magnetic resonance imaging identified a slight thickening of the distal rectum, with no other changes. No specific therapy was performed and symptoms progressively improved. The

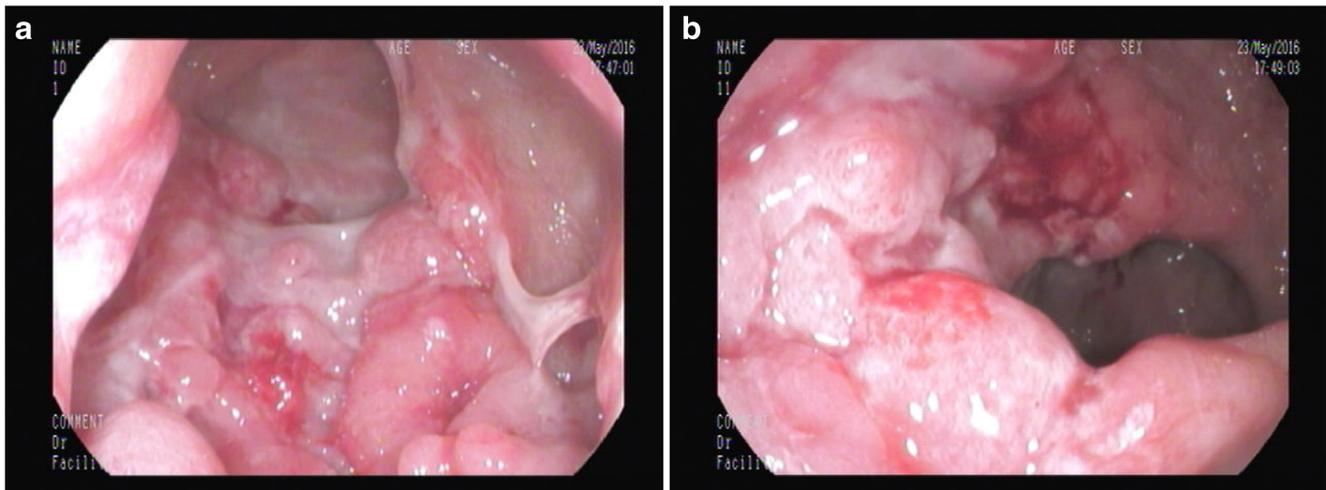


Fig. 1 First colonoscopy showing ulcerated lesion of the distal rectum, friable, with raised and irregular edges, occupying half the circumference of the lumen

✉ Marta Patita, MD
martapatita21@gmail.com

¹ Gastroenterology Department, Hospital Garcia de Orta, Av. Torrado da Silva, 2805-267 Almada, Portugal



Fig. 2 Follow-up colonoscopy, performed 9 months after the first one, where spontaneous scarring of the previously described ulceration is identified

ulcer was reassessed by sigmoidoscopy at 6 and 9 months, with spontaneous partial healing (see Fig. 2). The biopsies were repeated, with overlapping results, as well as negative microbiological study. During this time, the patient maintained antiretroviral therapy and stable CD4 counts. The diagnosis of idiopathic rectal ulcer in an HIV patient was assumed. After 24 months of follow-up, the patient remains asymptomatic, without recurrence of rectal ulceration.

Opportunistic infections and neoplasms are the most frequently described anorectal pathologies in patients with HIV infection. However, idiopathic ulcerative lesions of the colon and rectum have also been described.^{1,2} These ulcers may correspond to the first manifestation of HIV infection and the symptoms described are anorectal pain, diarrhea, and gastrointestinal blood loss. The etiology of these lesions (despite an exhaustive clinical, serologic and histopathologic

evaluation) remains to be determined, as well as appropriate therapy. Some case reports have suggested thalidomide as a therapeutic option in patients with HIV infection and with persistent idiopathic colitis or proctitis.^{2,3} However, given the scarcity of reported cases, there is no established standard therapy for this condition.

Author Contributions All the authors took part in the treatment of this patient. Dr. Marta Patita and Dr. Gonçalo Nunes were responsible for acquisition, analysis, interpretation of data, and drafting the manuscript. Dr. Cristina Fonseca, as senior author, was involved in all aspects including design, acquisition, analysis, interpretation, and revision of the manuscript.

Compliance with Ethical Standards

Informed consent was obtained from the patient to publish these images.

Conflict of Interest The authors declare that they have no conflict of interest.

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