

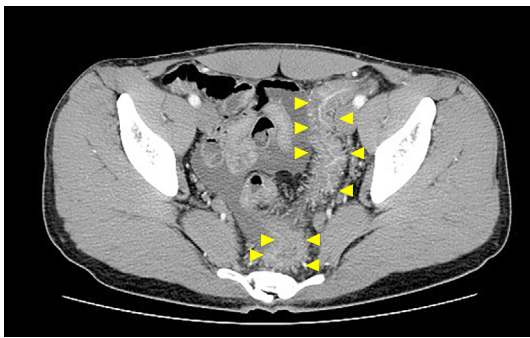
Severe Proctitis Caused by *Chlamydia trachomatis* Serovars D

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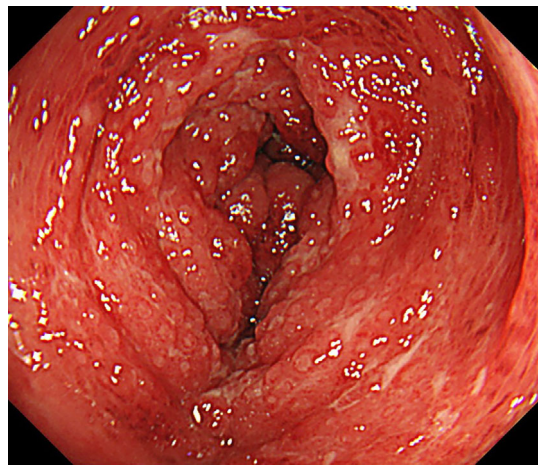
Key words: proctitis, *Chlamydia trachomatis*

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Picture 1.



Picture 2.

A 23-year-old man presented with a 3-day history of high fever, lower abdominal pain, and hematochezia. He reported to have engaged in receptive anal intercourse 4 days prior to the onset of symptoms. Computed tomography revealed mucosal inflammation mainly in rectum (Picture 1) extending to the descending colon with ascites. A stool culture was negative, and no ova or parasites were detected. Screening tests for HIV, syphilis, and hepatitis were negative. Colonoscopy demonstrated edematous and erythematous mucosa with prominent follicles (Picture 2), but biopsy specimens were negative for either granulomas or malignant cells. A commercially available polymerase chain reaction (PCR) test for *Chlamydia trachomatis* was positive but negative for *Neisseria gonorrhoea*, thus confirming the diagnosis of *C. trachomatis* proctitis. A genetic analysis (nested-PCR) revealed *C. trachomatis* serovars D. Treatment with azithromycin was successful. Although severe symptoms of *C. trachomatis* tend to occur with the *lymphogranuloma venereum* (LGV) strain, our case implies that non-LGV strains have

the potential to present as an invasive disease (1, 2).

The authors state that they have no Conflict of Interest (COI).

References

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