

Lymphogranuloma venereum

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The modes of infection are similar to those of gonococcal proctitis but, in the female, chlamydial infection spreading from the cervix uteri via lymphatics to the pararectal lymph nodes is common. The proctological findings are similar to those of gonococcal proctitis. The diagnosis of lymphogranuloma venereum should be suspected when the inguinal lymph nodes are greatly enlarged, although nodal enlargement may be subsiding by the time proctitis commences. Acquired immunodeficiency syndrome Acquired immunodeficiency syndrome due to human immunodeficiency virus may present with a particularly florid type of proctitis. In such patients, unusual organisms including Cytomegalovirus , herpes simplex virus and parasites such as Cryptosporidium are often found. Rectal bilharziasis Rectal bilharziasis is caused by *Schistosoma mansoni* , which is endemic in many tropical and subtropical countries and particularly in the Nile Delta. In stage 1, a cutaneous lesion develops at the site of entrance of the cercariae (parasites of freshwater snails). Stage 2 is characterised by pyrexia, urticaria and a high eosinophilia. Both these stages are frequently overlooked. Stage 3 results from deposition of the ova in the rectum (much more rarely in the bladder; see Chapter 83) and is manifested by bilharzial dysentery . On examination in the later stages, papillomas are frequently seen. The papillomas, which are sessile or pedunculated, contain the ova of the trematode, the life cycle of which resembles that of *Schistosoma haematobium* Untreated, the rectum becomes festooned and prolapse of the diseased mucous membrane is usual. Multiple fistulae- are prone to develop. The primary treatment is systemic and should be undertaken by a specialist in tropical medicine.

Revision #1

Created 2025-12-31 15:28:32 UTC by Omar Ayman

Updated 2025-12-31 15:28:32 UTC by Omar Ayman