# ANO-RECTAL INVOLVEMENT IN LYMPHOGRANULOMA VENEREUM

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Genital syndrome and ano-rectal syndrome of lymphogranuloma venereum (LGV) are late complications of the disease common in women. Herein we report a man who manifested features of ano- rectal involvement precipitously within two years of the initial infection and inguinal syndrome.

**Key words: Genital syndrome, Lymphogranuloma venereum, Chlamydia trachomatis**

Lymphogranuloma venereum (LGV) is a sexually transmitted disease caused by the L-serotype of *Chlamydia trachomatis*. The disease affects mainly lymph nodes and lymphatic channels. In the absence of proper treatment, it is capable of progressing further, involving mainly the genitalia and anorectum resulting in elephantoid changes or stricture rectum, perirectal abscess, rectovesical or rectovaginal fistulae - all of which are commoner in women. If still left untreated, it will spread systemically and affect many structures in the body leading to morbidity and mortality.

## Case Report

A 40-year -old male, married, having two children, had extra marital exposure (EME) two years back. Fifteen days after the exposure, he developed painful swelling in the left groin for which he had undergone surgery by a local doctor. He was well for sometime, till about 6 months back, when he again developed similar swelling in the same area, this time without any EME. He underwent surgery again and took some medicines from another doctor. This time there was no relief and he attended the STD OPD on 17-3-1997.

Examination revealed a diffuse swelling in the left inguinal area with multiple discharging sinuses. The discharge was seropurulent. The area was firm in consistency and tender. There were two suture marks of earlier surgery. Anal and perianal areas were normal.

Routine laboratory tests on blood and urine were normal. Blood sugar,blood urea and serum protein values were within normal limits. Blood VDRL was non reactive. Mantoux test was negative. X-ray of the chest did not show any abnormality.

A diagnosis of LGV inguinal syndrome with chronic discharging sinuses was made,

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and the patient was put on 500 mg of tetracycline six hourly along with routine antinflammatory drugs and antiseptic dressings. The discharge from the sinuses was markedly reduced and the swelling regressed in 10 days time. Subsequent to the antibiotic given the patient noticed that the discharge was coming only at the time of urination and defaecation and not spontaneously. We suspected a deep seated pathology and carried on the following further investigations.

1. Ultra sound examination of lower abdomen,
2. Sinogram studies.
3. Barium enema studies.

These investigations revealed that the sinus track coursed backwards, turned around the urinary bladder and reached perirectal tissues at the anorectal junction. But radiologically and clinically there was no evidence of stricture of the rectum. The patient continued tetracycline for a total period of one month. Later he was put on sparfloxacin 200mg. daily to control the secondary infection. Later a one month course of erythromycin along with serratiopeptidase and a low dose of prednisolone resulted in total cure.

## Discussion

The bubo of LGV takes one of the following three lines of healing. One is total resolution and healing without any abscess formation. The second line is that suppuration occurs but the abscess fluid slowly gets absorbed and healing occurs by calcification and fibrosis. The third varietry is suppuration, multiple discharging sinuses with some morbidity of the tissues. This may lead to late complications like genito-ano-rectal syndromes.

The late complications of LGV are common in females, but they are not totally unknown in males. In fact Rajam and Rangaiah [1] have reported that they are as common in males as in females. In our patient the initial surgical attempt on the inguinal nodes would have triggered the retrograde spread of the pathology to the internal iliac and then to the para-rectal and pre-rectal lympth nodes leading to the involvement of the whole para-rectal tissues. The pathology affecting the interior of the rectum was averted by our timely antibiotic treatment. According to King and Nicol,[2] surgical removal of lymph nodes in LGV is not advisable because this may facilitate further dissemination of the pathological process through the lymphatic channels and result in the late complications precociously. In LGV cases even the minor procedures like incision and drainage or aspiration of the abscess should be done always under full antibiotic cover.

## References

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2. King A, Nolol C, Robin P. Textbook of Venereal Diseases. ELBS,1986,266.