Cancer or Not Cancer: Presentation of a Rectal Mass in High Risk Patient for Syphilis

Lynda Ngo; Christopher Fan, DO; Robert Carman, DO;

UPMC Community Osteopathic General Surgery

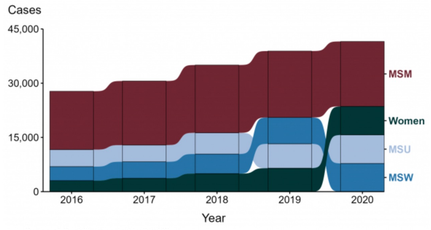
Introduction

Syphilis, which was once on the decline, has seen a resurgence in recent years. According to the Centers for Disease Control and Prevention (CDC), there has been a sharp increase in syphilis cases in the United States over the past decade, particularly among men who have sex with men (MSM) and women of reproductive age.

Several factors may contribute to this resurgence. One is the use of dating apps and other social media platforms that facilitate anonymous sexual encounters and increase the likelihood of unprotected sex. Additionally, there may be a lack of awareness and education about the risks and consequences of sexually transmitted infections, including syphilis.

Another contributing factor may be a decrease in funding for public health programs that provide testing, treatment, and education on sexually transmitted infections. As a result, many people may not be getting the care they need to prevent and treat syphilis.

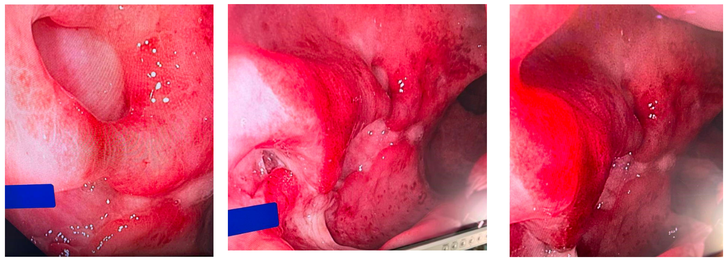
Here we describe a case of a patient who presented with rectal bleeding and concern for a mass. He



Cases of Syphilis reported in the US

Case Discussion

34yo M was referred to colorectal surgery for concern of a rectal mass. The patient states he has been in good health until the past few weeks when he noticed rectal bleeding. He does not receive routine medical care but does have history of STI and is a sexually active homosexual on PrEP therapy. He stated he had recently gone for testing of STIs but was unsure what he was positive for. He endorsed tearing abdominal pain with bowel movements.



Images obtained from patient's colonoscopy depicting a rectal mass as well as rectal ulceration

The patient was also noted to have lymphadenopathy in the inguinal and cervical region. A biopsy of a large cervical node was obtained. A colonoscopy was then performed, and an inflamed rectal mass was noted at about 5cm. As the scope was advanced, multiple rectal ulcers were noted and biopsies were obtained. The mass did not appear cancerous but did raise concern for syphilitic proctitis.

Following these procedures, the patient STI testing returned positive for gonorrhea, but negative for syphilis and chlamydia. Pathology reports indicate focal proctitis and the mass was negative for malignancy.

Discussion

Syphilis can present in many ways and has earned itself the name, 'The Great Masquerader." While rare, one of these ways is in the form of syphilitic proctitis which affects about 2% of syphilis cases. Symptoms include pain on defecation, bleeding, diarrhea, and ulceration. Not only is it rare but can be mistaken for other disease processes such as inflammatory bowel disease, infections, or NSAID enteropathy. Additionally, syphilis can also affect the stomach, terminal ileum, colon, or even intestinal spirochetosis.

Due to the overlap of symptoms, evaluation with tissue biopsy and staining for *T. pallidum* is important in high risk individuals. First line treatment remain Penicillin G.

Conclusion

With the rising prevalence of syphilis, we believe that it will be important to consider this disease in our differential for patients presenting with GI symptoms. There are various symptoms that can present which overlap with other diagnoses. CT imaging and colonoscopy are useful tools for evaluation but do not obtain a definitive diagnosis. Patient's who are high risk should be considered for the appropriate testing with biopsy and staining.

References

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