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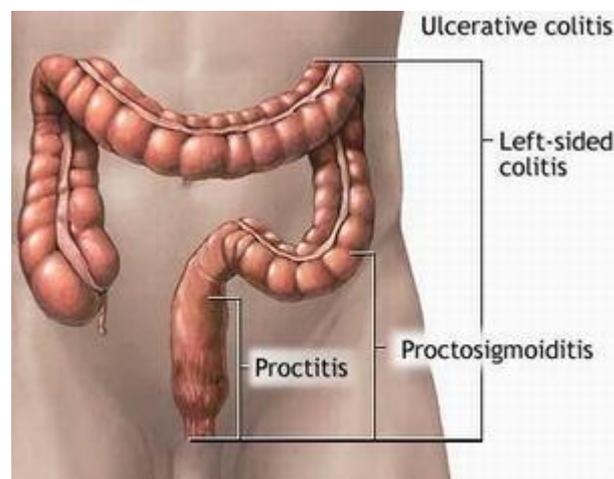
Proctitis

Proctitis is defined as an inflammation of the anus and the lining of the rectum, affecting only the last six inches of the rectum. Symptoms include:

- Ineffectual straining to empty the bowels
- Diarrhoea
- Rectal bleeding
- Involuntary spasms
- Cramping during bowel movements
- Left side abdominal pain
- Passage of mucus through the rectum
- Anorectal pain

A common symptom is a continual urge to have a bowel movement. The rectum could feel full or have constipation. Another is tenderness and mild irritation in the rectum and anal region. A serious symptom is pus and blood in the stool accompanied by cramps and pain during bowel movements. If there is severe bleeding, anaemia can also be caused showing symptoms such as pale skin, irritability, weakness, dizziness, brittle nails and shortness of breath.

Proctitis is commonly caused by auto-immune diseases of the colon (such as Crohn's disease and Ulcerative Colitis), harmful physical agents, chemicals, foreign objects placed in the rectum, trauma to the anorectal area and sexually transmitted infections. It may also occur independently (Idiopathic Proctitis). More rare causes include damage by irradiation (e.g. cervical and prostate cancer radiation therapy) or a sexually transmitted infection such as lymphogranuloma venereum and herpes Proctitis. Proctitis is also linked to stress.





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Sexually transmitted Proctitis

Gonorrhoea (Gonococcal Proctitis)

The most common cause is strongly associated with anal intercourse. Symptoms include soreness, itching, bloody or pus-like discharge or diarrhoea. Other rectal problems that may be present are anal warts, anal tears, fistulas and haemorrhoids.

Chlamydia (Chlamydia Proctitis)

This accounts for approximately 20% of cases. People may show no symptoms, mild symptoms or severe symptoms. Mild symptoms include rectal pain with bowel movements, anal discharge and cramping. With severe cases people may have discharge containing blood or pus, severe rectal pain and diarrhoea. Some people suffer from rectal strictures; a narrowing of the rectal passageway. The narrowing of the passageway may cause constipation, straining and thin stools.

Herpes Simplex Virus 1 and 2 (Herpes Proctitis)

Symptoms may include multiple vesicles that rupture to form ulcers, tenesmus, rectal pain, discharge and haematochezia. The disease may run its natural course of exacerbations and remissions but is usually more prolonged and severe in patients with immunodeficiency disorders. Presentations may resemble dermatitis or decubitus ulcers in debilitated, bedridden patients. A secondary bacterial infection may be present.

Syphilis (Syphilis Proctitis)

The symptoms are similar to other causes of infectious Proctitis including rectal pain, discharge and spasms during bowel movements. Some people have no symptoms. Syphilis occurs in three stages. The primary stage; one painless sore less than an inch across with raised borders found at the site of sexual contact, and during acute stages of infection the lymph nodes in the groin become diseased, firm and rubbery. In the secondary stage, wart-like growths resembling cauliflower are produced around the anus and rectum. The third stage occurs late in the course of syphilis and affects mostly the heart and nervous system.

Treatment

By looking inside the rectum with a proctoscope or a sigmoidoscope, Dr White can diagnose Proctitis. A biopsy is taken, in which Dr White scrapes a tiny piece of tissue from the rectum and is then sent for testing. The physician may also take a stool sample to test for infections or bacteria. If the physician suspects that the patient suffers from Crohn's disease or Ulcerative Colitis, a colonoscopy or barium enema x-rays are used to examine the rest of the colon.

Treatment for Proctitis varies depending on severity and the cause. For example, Dr White may prescribe antibiotics for Proctitis caused by bacterial infection. If the Proctitis is caused by Crohn's disease or Ulcerative Colitis, Dr White may prescribe different drugs in enema or suppository form or taken orally in pill form. Enema and suppository applications are usually more effective, but some patients may require a combination of oral and rectal applications.