Dear All,

An HIV positive MSM in his 60's attended clinic and reported that he had experienced diarrhoea and mucus from his rectum for the 6 months since his last HIV clinic visit. His GP had referred him to the colorectal clinic who had performed colonoscopy and were suspecting Crohn`s Disease.

As the symptoms were very suggestive to us of Lymphogranuloma Venereum (LGV) he was given an immediate 3 weeks of Doxycycline in HIV clinic. Rectal swab for chlamydia was taken. LGV was later confirmed on the positive swab (LGV serotype identified by sending the swab from Aintree Lab to London). His symptoms resolved with the antibiotics. The GI doctors were 'pleased'.

Attached is the histology from the colonoscopy biopsy. LGV does not look very different from Crohn`s Disease so the presence of granuloma should not always imply Crohn's Disease. The Images are labelled (Thanks to Dr Natalie Meara) but essentially the black dots are lymphocytes / plasma cells and the pale amorphous areas are granuloma.

Granuloma (plural granulomas or granulomata) is an inflammation found in many diseases. It is a collection of immune cells known as macrophages. Granulomas form when the immune system attempts to wall off substances that it perceives as foreign but is unable to eliminate. Such substances include infectious organisms such as bacteria and fungi as well as other materials such as keratin and suture fragments.

The main learning point is: Rectal Symptoms in an MSM (Man who has Sex with Man), especially if HIV positive, is often LGV. Any MSM having GI investigations should be checked for LGV. Most GI units will not have considered this, so it's up to sexual health services to be alert in routine history taking; do the swab and if positive send on for LGV. A chlamydia antibody test (sometimes called chlamydia MIF) is also often strongly positive.

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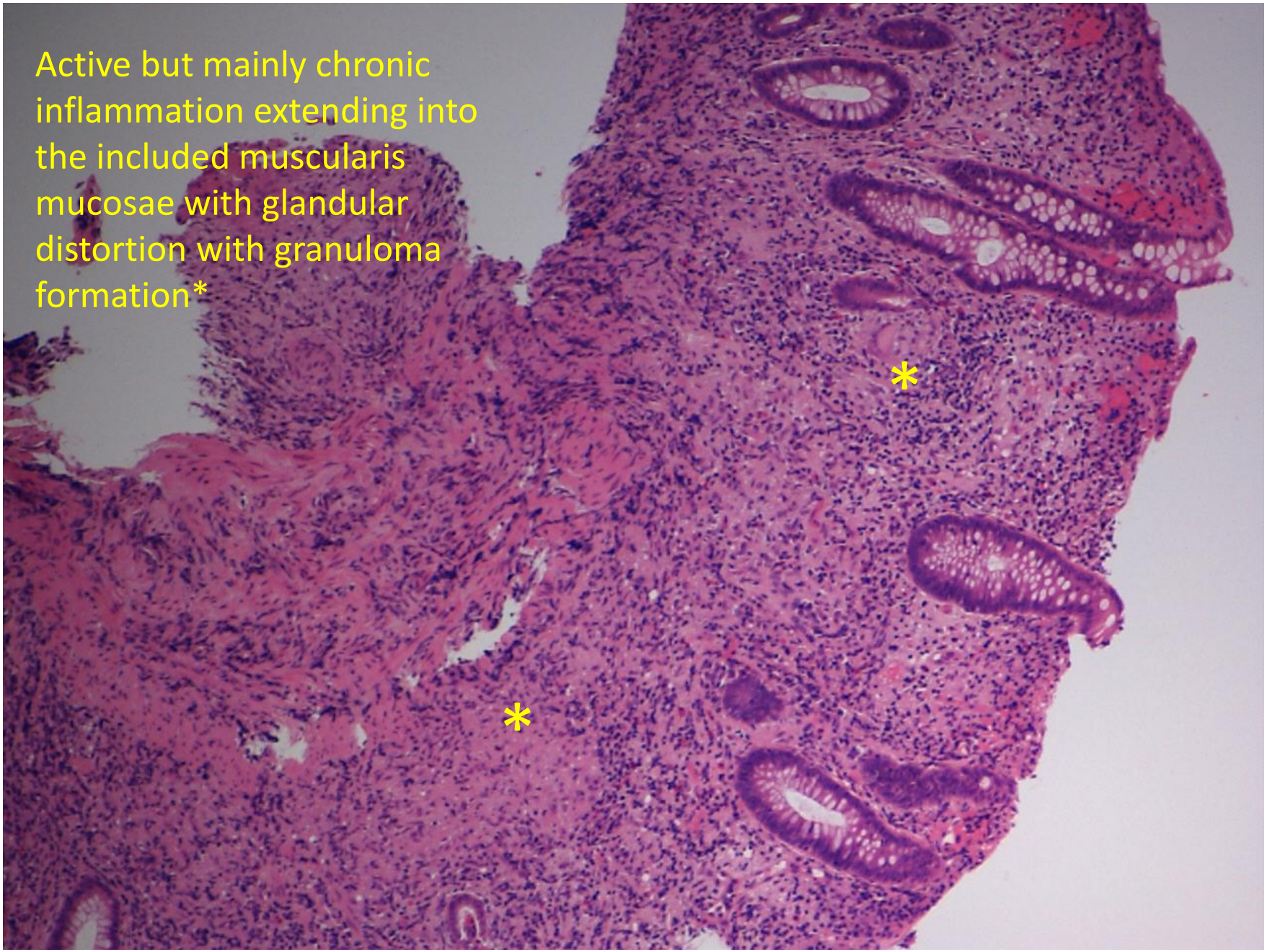
Active but mainly chronic inflammation extending into the included muscularis mucosae with glandular distortion with granuloma formation*
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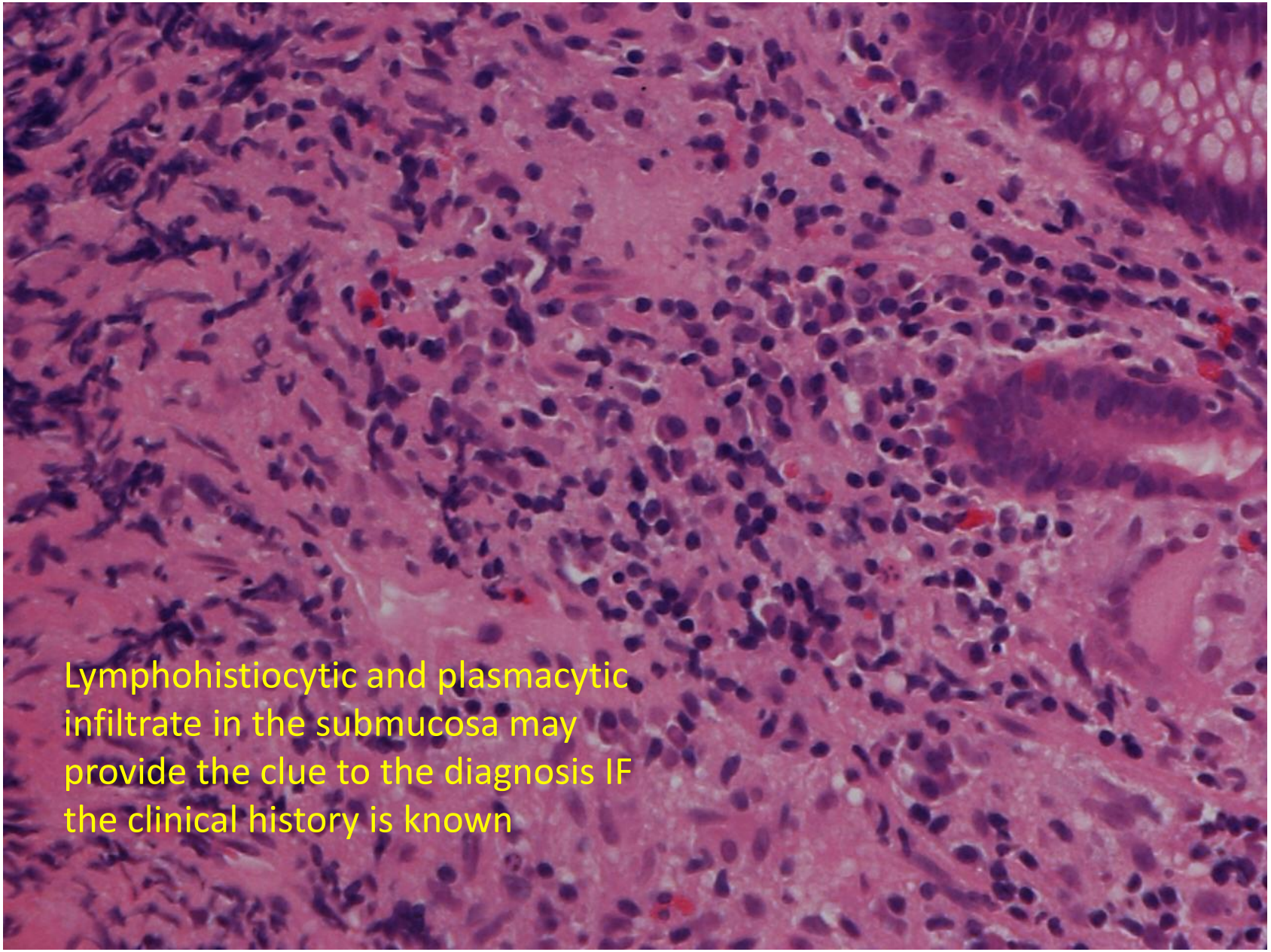
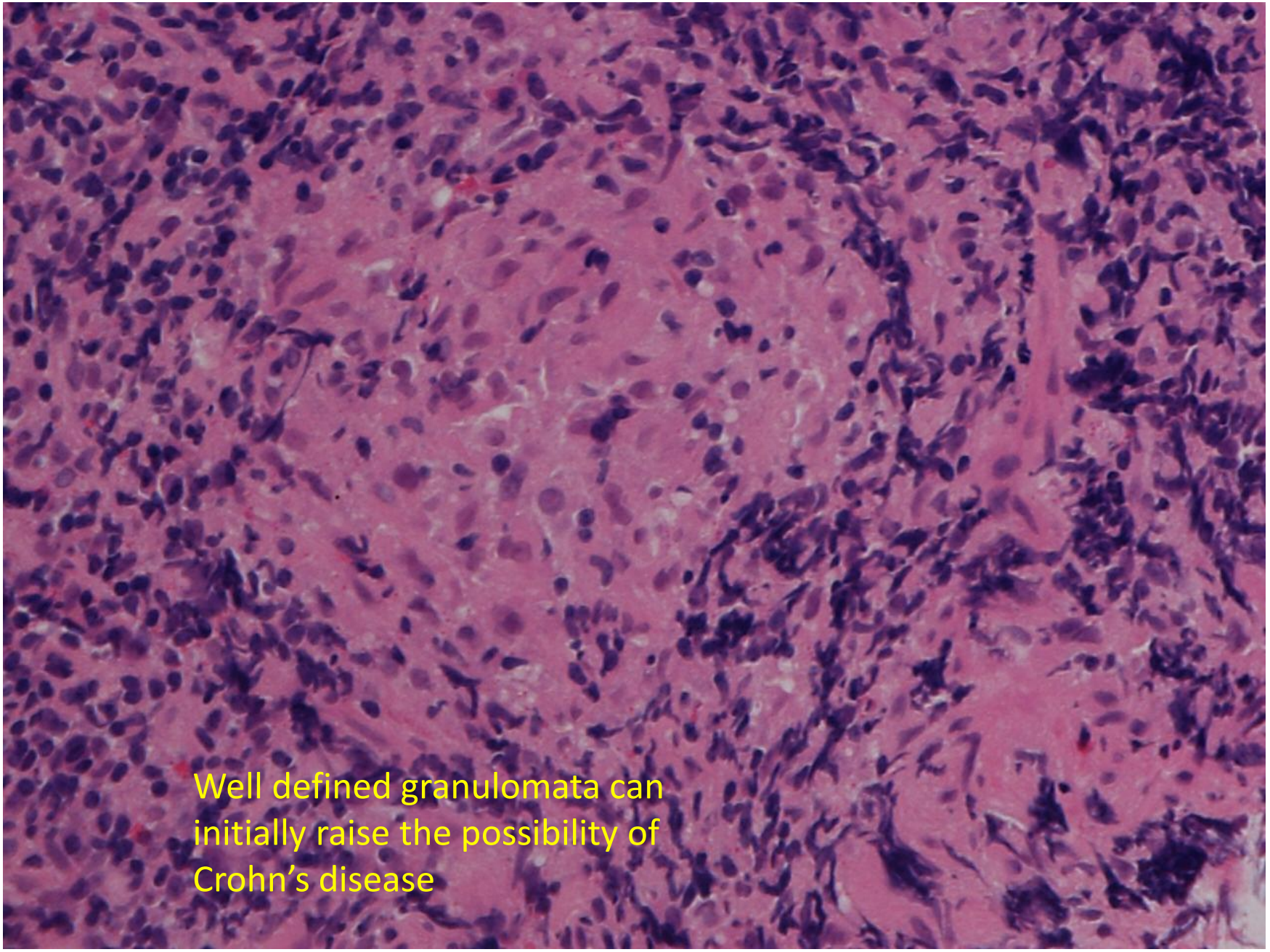

Lymphohistiocytic and plasmacytic infiltrate in the submucosa may provide the clue to the diagnosis IF the clinical history is known


Well defined granulomata can
initially raise the possibility of
Crohn’s disease