

# Gastrointestinal and Liver Pathology at Rush

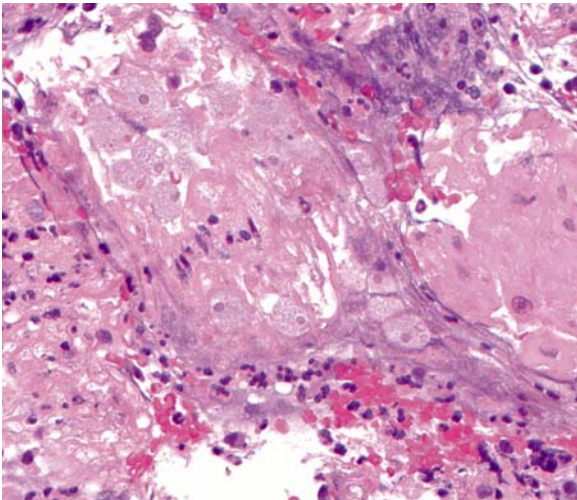
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## Case of the month – December 2007

*Contributed by Drs. Deborah Giusto and Shriram Jakate*

A 43-year-old homosexual man presents with a three-month history of perianal ulceration. He initially noticed perianal burning; self-treatment with topical hemorrhoid cream did not provide relief. The patient also experienced bloody stools with tenesmus that resolved without therapy. The patient had been sexually active with other men, and had traveled to Jamaica nine months prior to his symptom onset. The patient was recently tested to be HIV antibody negative at an outside hospital, and had failed to respond to empiric antimicrobial therapy that had included amoxicillin-clavulanate, levofloxacin, and famciclovir. A biopsy from the perianal ulcer revealed the causative agent (figure 1).



**Figure 1.** Biopsy from the perianal ulcer showing the causative agent (hematoxylin and eosin stain, 200x magnification).