Nineteen-Year-Old With Rectal Pain—Asking the Hard Questions

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INTRODUCTION

Failing to conduct a thorough sexual health history can lead to poor health outcomes, particularly for patients at increased risk of developing sexually transmitted infections (STIs). Early recognition of risk behaviors, along with proper patient education and treatment, can prevent spread of communicable diseases.

CASE PRESENTATION

A 19-year-old presents to a family practice clinic. The patient reports a 2-week history of constipation and rectal bleeding, accompanied by rectal pain.

History of Present Illness

The patient reports that the symptoms started 2 weeks ago, with the rectal pain and bleeding worsening 4 days ago after a sexual encounter. The pain is intermittent, starting with each stool and lasting 1 to 2 hours after each stool. The pain is 7/10 on pain scale. The patient has not tried any over-the-counter agents to relieve the pain.

Past Medical History

The patient denies any clinically significant past medical history, prior surgeries, or hospitalizations. The patient denies recent travel outside of the United States. All immunizations are up to date, with the exception of the Gardasil series.

Medications

The patient is not allergic to any foods or medications. She takes estradiol 2 mg/day and spironolactone 100 mg/day for the past 6 months that she is getting from a friend.

Social and Family History

The patient denies tobacco use or illicit drug use. The patient does report 4—5 glasses of wine on the weekends when out with friends. The patient's family history is noncontributory.

Sexual Health History

This patient informs the nurse practitioner (NP) that she is a transgender woman who prefers to be referred to as "she." She has had anal and oral sex with men exclusively since age 14. She is not in a monogamous relationship and reports having had 4 partners in the past month. She is unable to recall the number of sexual partners in her lifetime. Her last sexual encounter was 4 days ago. She states that her partner used a condom at that time, but she does not always request that her partners wear condoms. She was treated for gonorrhea when she was 16 but denies any STIs since then. She reports yearly HIV screenings, the most recent of which was 6 months ago, and it was negative.

Review of Symptoms

A review of the symptoms is as follows:

1. General: denies fever, chills; denies weight loss, weight gain; denies fatigue.
2. Gastrointestinal: reports change in bowel movements over the past month: + constipation for the past 2 weeks, stools described as solid, soft stools every other day when she normally has a BM every day. Reports pain with defecation but no straining. Last bowel movement: 2 days ago. Intermittent bright red rectal bleeding noted after wiping. Denies black/tarry stools. Denies fecal incontinence. Denies abdominal pain. Denies chronic or past gastrointestinal disorders; denies heartburn, difficulty swallowing, pain upon swallowing, denies nausea, vomiting.
3. Gastrourinary: denies burning with urination, denies blood in urine, and denies increased frequency or urgency of urination. Denies penile pain or penile discharge. Denies testicular swelling or pain, denies penile ulcers or growths. Reports + history of gonorrhea and chlamydia in 2016. Reports male sex partners (4 in the past month) with receptive anal intercourse.

Pertinent Physical Examination Findings

Her physical examination findings were as follows:

1. Vital Signs: oral temperature of 98.7°, blood pressure of 124/72, heart rate of 74 beats/min, respiration rate of 16 breaths/min, weight is 178 lb, height 5′11″. Body mass index of 24.8, and pulse oximeter 99% on room air.
2. General: alert and oriented × 4, well-nourished, good hygiene.
3. Abdomen: soft, flat, nontender, normoactive bowel sounds in all quadrants. No surgical scars or other skin abnormalities. No organomegaly. No costovertebral tenderness.
4. Genital examination: no bulging or scars to inguinal region. No obvious penile or scrotal abnormalities. + Circumcised male; no skin abnormalities on the penis, scrotum. No drainage noted from urethral opening. Testes: both descended with equal size.
5. Rectal/prostate examination: perianal skin without erythema or lesions. Acute linear tear to anoderm distal to the dentate line. Good rectal sphincter tone. No rectal masses upon palpation. Prostate gland not enlarged. Denies pain during rectal examination.

QUESTIONS TO CONSIDER

1. What is the most likely diagnosis and why?
2. What additional information do you need?
3. What is the initial management plan, including prescriptions?
4. What additional care should you offer the patient?
5. What important patient education is required?

If you believe you know the answers to the following questions, then test yourself and refer to page XXX for the answers.v