A Man with a Chronic Painful Perianal Ulcer

(See pages 637–9 for the Answer to the Photo Quiz)

Figure 1. Photograph of a chronic painful perianal ulcer, surrounded by erythema and induration, that extends to the base of the scrotum.

A 43-year-old man who has sex with men presented with a 3-month history of perianal ulceration. He initially noticed symptoms of perianal burning; self-treatment with topical hemorrhoid cream did not provide relief. One week into his illness, he experienced 2 days of bloody stool with tenesmus that resolved without therapy. He then palpated perianal papules that eventually ulcerated and expanded along the anal fissure, up to the base of his scrotum (figure 1). At the time of presentation, the patient denied active diarrhea, tenesmus, abdominal pain, or fever; however, he continued to have severe perianal pain.
The patient had been sexually active with other men and had traveled to Jamaica 9 months prior to symptom onset. The patient had recently tested negative for HIV antibody at an outside hospital and had failed to respond to empirical antimicrobial therapy that included amoxicillin-clavulanate, levofloxacin, and famciclovir. Examination of a biopsy specimen obtained from the perianal ulcer revealed the causative agent (figure 2).

What is your diagnosis?