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Proctocolitis in an adolescent male with acute HIV infection, rectal gonorrhoea, HCV seropositivity, and *Morganella morganii* positive stool culture

Sexually transmitted infections (STIs) can cause proctocolitis in individuals who have unprotected receptive anal sex, including men who have sex with men. The symptoms of colorectal STIs can mimic inflammatory enterocolitis. *Morganella morganii* is a Gram-negative rod in the order Enterobacterales and is a commensal in human gut flora. While it has been associated with a wide range of invasive infections in immunocompromised hosts, it has not been associated with enterocolitis. We report a case of proctocolitis in a 16-year-old male who presented with fever, severe rectal pain, and bloody stools. He denied oral, genital, or anal sex with male or female partners at any time. An abdominal CT scan suggested proctocolitis. A BioFire® GI panel was negative for all targets. He was presumptively treated with IV ceftriaxone and metronidazole for common enteric pathogens that cause enterocolitis. Comprehensive STI screening was performed. The rectal swab for was positive for *N. gonorrhoeae* by nucleic acid amplification testing (NAAT), HCV serology was positive, and his HIV RNA viral load was 6.88 million copies/mL. The CBC revealed lymphopenia with absolute lymphocyte count of 1.03. On hospital day 3, *M. morganii* was identified in stool culture; ceftriaxone was then changed to cefepime. The patient completed antibiotic treatment and was started on anti-retroviral therapy in the out-patient clinic. *M. morganii* is not included on commercial GI PCR panels and is not routinely reported by clinical microbiology labs in stool cultures. Communication between providers who can provide clinical context and microbiology labs will facilitate reporting of this organism in appropriate clinical settings. This case also underscores the need to consider STIs for all adolescents who present with proctocolitis regardless of sexual history. Prompt STI screening facilitates timely treatment and prevents unnecessary evaluation and therapies directed at other gastrointestinal pathologies.