CONDITION

Proctitis

Proctitis is inflammation of the lining of the rectum, causing bleeding, pain, mucus, or an urgent need to pass stool.

WHAT IT IS
Inflammation of the rectum's inner lining

BODY SYSTEM
Digestive system

MAIN SYMPTOMS
Rectal bleeding, pain, mucus, urgent bowel movements

WHAT CAUSES IT
Immune conditions, infections, radiation, or reduced blood flow

HOW IT IS DIAGNOSED
Endoscopy with biopsy, rectal examination, and infection tests

MAIN TREATMENT
Cause-specific medicines, symptom care, and rarely surgery

CAN IT BE CURED?
Sometimes - infectious causes often are curable

IS IT AN EMERGENCY?
Sometimes - with heavy bleeding, fainting, or severe abdominal pain

LONG-TERM OUTLOOK
Often manageable; outlook follows the cause and treatment response

Overview

Proctitis means inflammation of the lining of the rectum. The rectum is the final section of the large bowel, just above the anus.

Inflammation can make the rectum bleed or release mucus. It can also create a frequent or urgent feeling that you need to pass stool, even when the rectum is empty. This sensation is called tenesmus.

Proctitis is a condition with several possible causes. It may be related to inflammatory bowel disease, an infection, previous radiation treatment, reduced blood flow, or surgery that diverted stool away from the rectum. Finding the cause matters because treatments are different.

Some cases are short-lived and clear after the cause is treated. Others, including proctitis caused by ulcerative colitis, may improve and return over time. Persistent bleeding or bowel changes should be assessed rather than assumed to be from haemorrhoids.

Symptoms

Symptoms may begin suddenly or develop gradually. They can be mild, but some people find that urgency and discomfort disrupt work, sleep, travel, or social activities.

Common symptoms include:

Symptoms can give clues about the cause, but they cannot confirm it. Fever, swollen groin glands, anal sores, discharge, or pain after sexual contact may occur with some infections. Other causes can produce similar symptoms.

Inflammation that extends beyond the rectum may cause more widespread abdominal pain or diarrhoea. Doctors may call this proctocolitis when both the rectum and part of the colon are inflamed.

- Blood, mucus, or pus from the rectum
- Rectal pain, pressure, burning, or soreness
- A frequent or urgent need to pass stool
- Tenesmus, meaning the feeling that stool remains after a bowel movement
- Diarrhoea or frequent small bowel movements
- Constipation or difficulty passing stool
- Pain during bowel movements
- Lower abdominal cramping

Causes and risk factors

Inflammatory bowel disease is one important cause. Ulcerative colitis often begins in the rectum. When inflammation remains limited to this area, it is called ulcerative proctitis. Crohn's disease can also affect the rectum, although its pattern is often different.

Sexually transmitted infections can cause infectious proctitis. These include gonorrhoea, chlamydia, genital herpes, and syphilis. Risk is linked to exposure, such as receptive anal contact, rather than a person's identity or sexual orientation. Infection may also spread through oral-anal contact, fingers, or shared sex toys.

Other bowel infections can sometimes inflame the rectum and colon. This is more likely after exposure to contaminated food or water, during an outbreak, or when the immune system is weakened.

Radiation proctitis can develop after radiation treatment directed near the rectum, such as treatment for prostate, cervical, uterine, bladder, or rectal cancer. Early inflammation may occur during treatment or within several months. Longer-term tissue changes can appear months or years later.

Diversion proctitis can happen when surgery redirects stool through an opening in the abdomen, leaving the rectum in place but unused. Lack of contact with the normal contents of stool can contribute to inflammation.

Less common causes include reduced blood supply to the rectum, injury, and reactions to certain rectal medicines or substances. In some cases, the cause remains uncertain after initial testing.

Diagnosis

A clinician will ask about the timing of symptoms, bowel habits, medical conditions, medicines, previous radiation, and bowel surgery. Questions about sexual contact help identify which infection tests are needed. This information should be discussed without judgement.

An examination may include looking at the skin around the anus and a digital rectal examination. During this examination, a lubricated, gloved finger is gently placed in the rectum to check for tenderness, blood, a lump, or narrowing.

Endoscopy allows the rectal lining to be seen directly. An anoscope examines the anal canal and lower rectum. A flexible sigmoidoscopy examines the rectum and lower colon, while a colonoscopy can examine the entire colon.

Small tissue samples, called biopsies, may be taken during endoscopy. Examination under a microscope can confirm inflammation and help distinguish inflammatory bowel disease, radiation injury, infection, and other changes.

Depending on the circumstances, testing may also include:

Testing is important because different causes can look and feel alike. Treatment for inflammatory bowel disease will not clear a bacterial infection, while antibiotics like amoxicillin or doxycycline will not control ulcerative proctitis.

- Rectal swabs or urine tests for sexually transmitted infections
- Blood tests for anaemia and signs of inflammation

- Stool tests for infection
- Tests for HIV and other sexually transmitted infections
- Imaging if an abscess, fistula, or another complication is suspected

Treatment and management

Treatment is based on the cause, the severity of inflammation, and whether other parts of the bowel are involved.

For ulcerative proctitis, anti-inflammatory medicines are commonly delivered directly into the rectum as suppositories, foams, or enemas. Mesalamine is one commonly used medicine. Rectal corticosteroids like prednisone or hydrocortisone may be considered when other treatment is unsuitable or has not controlled symptoms. More extensive or persistent inflammation may require oral medicines or treatments that alter immune activity.

Crohn's disease affecting the rectum may require local treatment, medicines that work throughout the body, or both. Treatment also addresses complications such as abscesses or fistulas. A fistula is an abnormal tunnel between the bowel and nearby skin or organs.

Bacterial sexually transmitted infections are treated with the appropriate antibiotics. Herpes is managed with antiviral medicine, which can shorten or control outbreaks but does not remove the virus from the body. Treatment may begin before all results return when an acute sexually transmitted infection is strongly suspected.

Sexual partners may need testing or treatment when an infection is found. A healthcare professional can explain how long to avoid sexual contact so that infection is not passed back and forth.

Radiation proctitis treatment depends on the symptoms and whether the tissue changes are early or long-term. Options may include medicines placed in the rectum, treatment to control diarrhoea, or endoscopic procedures that seal bleeding blood vessels. Surgery is reserved for serious complications or symptoms that have not responded to other care.

Diversion proctitis often improves if the bowel can be reconnected. When that is not possible, local treatments may be used to reduce inflammation and discharge.

Severe bleeding, dehydration, reduced blood flow, or a serious infection may require hospital care. Surgery is uncommon for uncomplicated proctitis.

Complications

Repeated or ongoing rectal bleeding can cause iron-deficiency anaemia. This means the body does not have enough healthy red blood cells to carry oxygen, which may cause tiredness, weakness, or shortness of breath.

Deep inflammation can lead to ulcers. Scarring, particularly after radiation, may narrow the rectum and make bowel movements difficult. Fragile new blood vessels may cause recurrent bleeding.

Certain infections or Crohn's disease can lead to an abscess, which is a pocket of infection, or a fistula. These may cause worsening pain, swelling, fever, pus, or drainage near the anus.

Ulcerative proctitis sometimes extends farther into the colon over time. Regular follow-up helps identify changes in symptoms and adjust treatment.

The relationship with cancer depends on the underlying cause, how much bowel is affected, and how long inflammation has been present. Proctitis itself does not mean that cancer is present. Persistent or unexplained bleeding still needs assessment because different conditions can produce similar symptoms.

Prevention

Not every form of proctitis can be prevented. There is no established way to prevent ulcerative proctitis or Crohn's disease, and a person cannot always avoid radiation-related tissue changes when radiation is medically necessary.

The chance of infectious proctitis can be reduced by using condoms or other barriers during anal contact, cleaning shared sex toys, and not sharing toys without a new barrier. Regular testing can identify infections that cause few or no early symptoms.

If an infection is diagnosed, completing treatment and following advice about sexual contact and partner testing can reduce reinfection and transmission.

Radiation teams use treatment planning methods intended to limit exposure to healthy tissue. Tell the treatment team about new rectal bleeding, pain, or bowel changes during or after radiation rather than trying to prevent symptoms with unproven rectal products.

Living with it and what to expect

The course of proctitis is closely tied to its cause. Many bacterial infections improve after the correct treatment, although discomfort and bowel urgency may take time to settle. Herpes can cause later outbreaks because the virus remains in the body.

Ulcerative proctitis is usually a long-term condition with periods when symptoms are active and periods of remission, when symptoms are minimal or absent. Some people continue to have inflammation limited to the rectum. In others, it extends farther into the colon. Ongoing treatment may be recommended to maintain remission, not only to control a flare.

Radiation proctitis may settle after treatment ends, remain stable, or appear later. Long-term bleeding can often be controlled, but more than one treatment may be needed.

Keep track of bleeding, urgency, pain, bowel frequency, and any problems taking treatment. This can make follow-up appointments more useful. Do not stop prescribed anti-inflammatory treatment only because symptoms have improved without first discussing the plan with the prescribing clinician.

Urgency can make leaving home stressful. Planning toilet access, carrying spare underwear, and using skin-protection products for irritation may help with daily life. Dietary changes do not cure proctitis. If certain foods repeatedly worsen diarrhoea or discomfort, a clinician or dietitian can help you make changes without creating nutritional gaps.

When to get medical help

Arrange a routine medical appointment if you develop rectal bleeding, mucus, persistent rectal pain, repeated urgency, or an ongoing change in bowel habits. Seek assessment after possible exposure to a sexually transmitted infection, even if symptoms are mild.

Contact the healthcare team managing your condition if symptoms return, treatment is difficult to use, bleeding is increasing, or you develop tiredness that could suggest anaemia. New symptoms after pelvic radiation also need follow-up, including symptoms that begin years later.

Seek urgent medical care for:

Call emergency services for collapse, severe breathing difficulty, or heavy bleeding with faintness. These symptoms can indicate major blood loss or another serious complication.

- Heavy or continuous rectal bleeding
- Black, tar-like stool
- Fainting, marked dizziness, confusion, or severe weakness
- Severe or rapidly worsening abdominal or rectal pain
- Fever with worsening rectal pain, swelling, or pus
- Inability to keep fluids down or signs of dehydration

Common questions

Is proctitis a sexually transmitted infection?

Not always. Some cases are caused by sexually transmitted infections, while others result from inflammatory bowel disease, radiation, surgery, or reduced blood flow. Testing is needed to identify the cause.

Does proctitis go away completely?

It can. Many bacterial infections are curable with the correct treatment. Proctitis related to ulcerative colitis or Crohn's disease is usually managed rather than permanently cured. Radiation-related symptoms may improve, persist, or return.

Is proctitis the same as colitis?

No. Proctitis affects the rectum. Colitis means inflammation of the colon. Inflammation involving both areas may be called proctocolitis. Ulcerative proctitis is a form of ulcerative colitis limited to the rectum.

Is proctitis contagious?

Proctitis itself is not passed between people. However, an infection causing it may be contagious. Proctitis caused by inflammatory bowel disease, radiation, or surgery is not contagious.

Can I have sex while I have proctitis?

Pain and irritation may make anal contact uncomfortable or worsen symptoms. If an infection is possible or confirmed, avoid sexual contact for the period advised by the treating service and until relevant partners have been managed. Noninfectious proctitis cannot be transmitted to a partner.

Does proctitis mean I have cancer?

No. Proctitis has many noncancerous causes. Because cancer and other conditions can also cause rectal bleeding or bowel changes, persistent symptoms should be examined rather than diagnosed from symptoms alone.

Sources

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