A rare case-report of Pelvic Actinomycosis complicated with Bacteraemia

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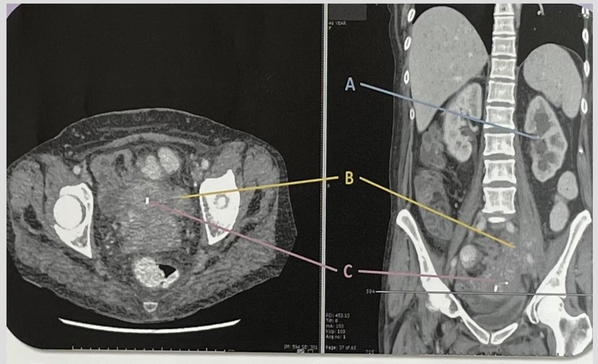
The purpose of this report is to highlight the importance of early diagnosis and management of a rare case of pelvic actinomycosis that was complicated by septicaemia, in our hospital-Prince Charles Hospital, Merthyr and also provide a literature review for the same.

CASE REPORT

47-year-old, parous lady was referred for being unwell with low grade temperature, lower abdominal pain and weight loss for 4 months. She had a MIRENA coil in that was changed 5 months ago. Clinically, she was well with mild tenderness in the left iliac fossa. A bimanual examination revealed a left adnexal mass, not separate from the uterus with mild degree of cervical excitation.

Investigations- Further investigations done suggested a low haemoglobin, raised inflammatory markers, CA 125 and faecal calprotectin. CT scan done showed abnormal inflammatory mass lesion in the pelvis in left adnexa, involving the upper aspect of the uterus, causing left-sided hydronephrosis but no bowel involvement. Following an MDT discussion, the possibility of malignancy was ruled out and Actinomycosis was suspected in view of long-term use of coil. Blood and relevant swab cultures including NAAT confirmed the growth of Actinomycetes

Management- The coil was then removed she was started on antibiotics such as Teicoplanin, metronidazole and gentamycin in view of her penicillin allergic status and switched to oral Doxycycline for three months. She is doing well presently with a good response to treatment clinically and as evidenced by ultrasound.



CT scan performed prior to diagnosis. A shows a hydronephrotic left kidney; B shows the inflammatory process extending across tissue planes; C shows the IUCD *in situ*.

DISCUSSION

Actinomycosis is a rare bacterial disease caused by *Actinomyces sp*, an opportunistic Gram-positive microorganism.10-20% of the cases involving the abdomen and pelvis. Possible risk factors include reduced immunity, bacterial-vaginosis, presence/introduction of foreign-bodies like IUCDs, previous pelvic surgery or trauma. The standard symptoms of pelvic actinomycosis include weight loss, abdominal/pelvic pain, irregular vaginal bleeding or excessive vaginal discharge, and fever. Bacteraemia with these organisms is infrequent, and of the nine reported cases, two of them were confirmed to be from infectious sources involving the female reproductive tract. Diagnosis can be established by biochemical-screening, imaging, bacterial cultures and pathology. It is curable with high-dose antibiotic therapy(Penicillin or alternatives) for six-twelve months. Surgery is reserved for very complex cases with poor response to medication.

CONCLUSION

Pelvic actinomycosis is rare and is easily misdiagnosed with a mortiality of 0% to 28% depending on site, severity, time to diagnosis and the commencement of suitable treatment. Thus, important to make an early and accurate diagnosis of Actinomycosis.

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