

BACKGROUND



This is the **first** documented case of **tubo-ovarian abscess (TOA)** caused by ***Edwardsiella tarda*** in the Philippines and the **third** documented in Asia.



OBJECTIVES

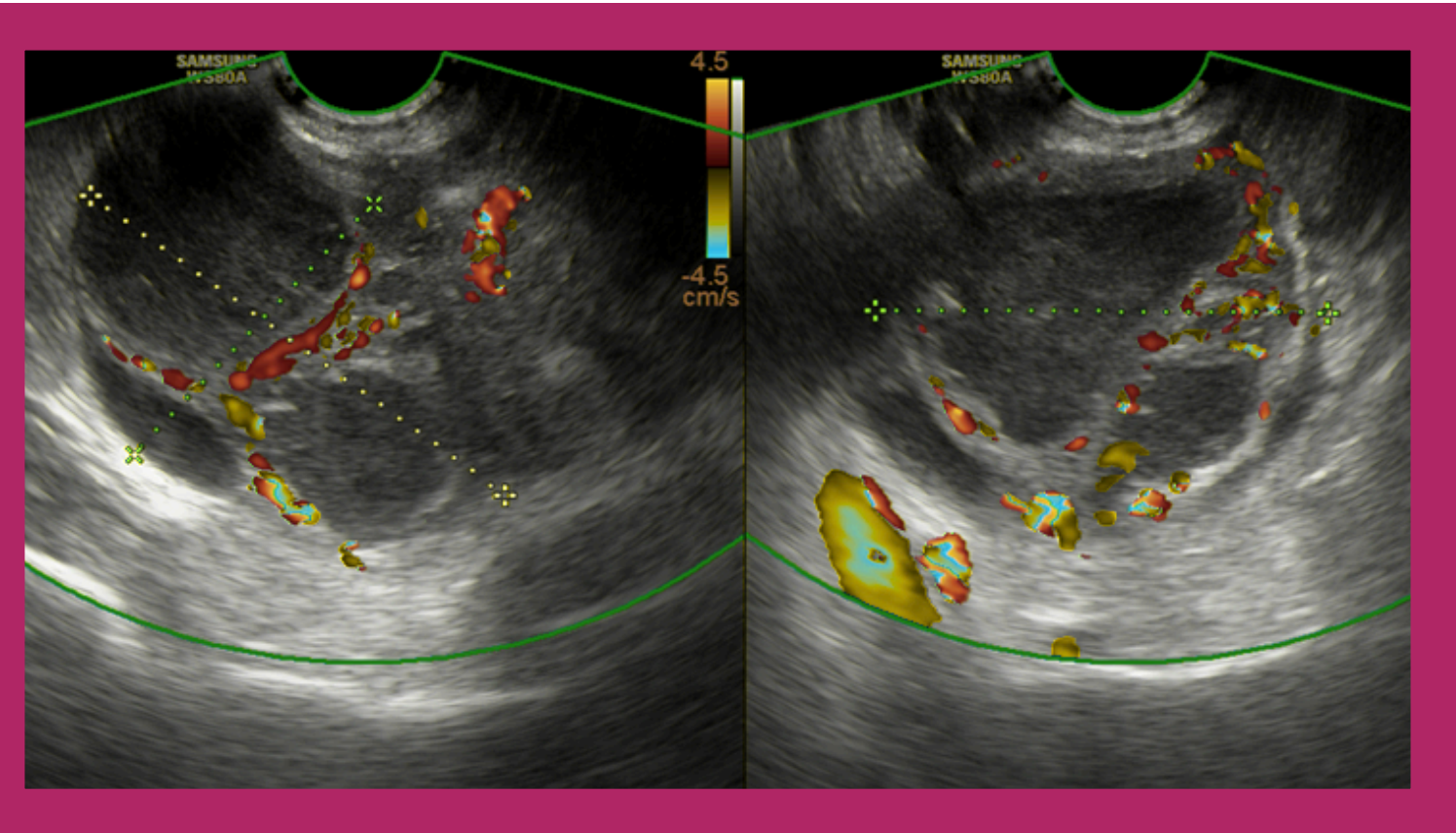
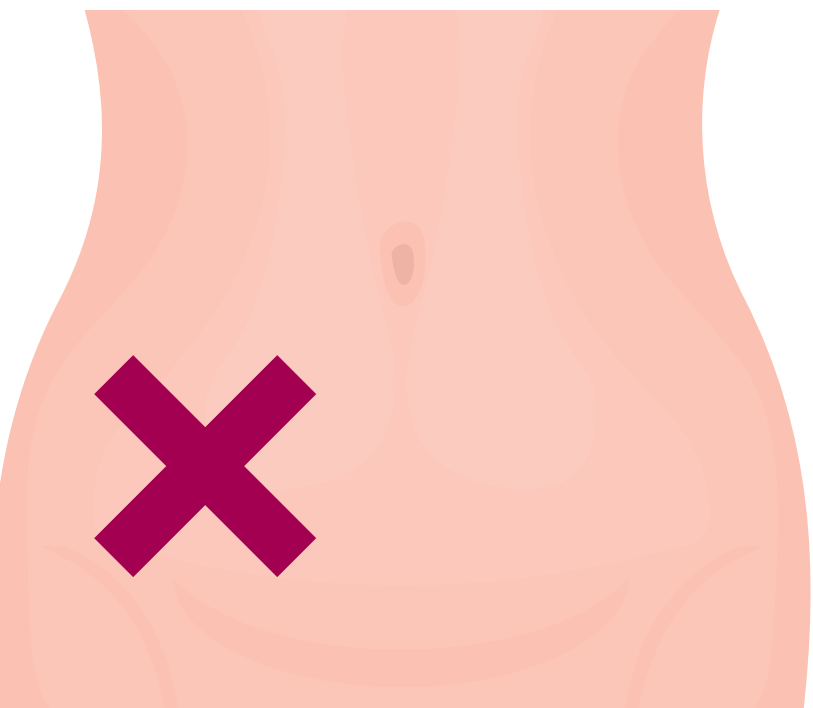
- 1.To emphasize **the importance of considering non-sexually transmitted causes of TOA** in conservative societies where pelvic inflammatory diseases (PID) are still heavily stigmatized
- 2.To explore **the interplay between cultural norms, healthcare practices, and patient well-being** in the context of taboo medical conditions

This paper also presents a **literature review of the seven global cases of *E. tarda* TOA** and proposes mechanisms of its development from an aquatic bacterium that is rarely implicated in human infections.

DATE, LOCATION	AGE	CLINICAL DIAGNOSIS	ORGANISM	MEDICAL HISTORY	POSSIBLE EXPOSURE	MANAGEMENT	OUTCOMES
1995, Hawaii	42	Tubo-ovarian abscess, right	<i>E. tarda</i> (pure culture)	s/p CS x 2, s/p BTL	Ingestion of raw fish (poke)	TAHBSO	Recovered
1998, USA	39	Tubo-ovarian abscess, unknown laterality	<i>E. tarda</i> (pure culture)	Hepatitis C virus	None mentioned	Ampicillin, Gentamicin, followed by Ticarcillin/clavulanate	Recovered
Between 1998 to 2001, Taiwan	41	Tubo-ovarian abscess, unknown laterality	<i>E. tarda</i> (pure culture)	Unremarkable	None identified	Unilateral salpingoophorectomy Cefazolin, Gentamicin	Recovered
2009, USA	42	Tubo-ovarian abscess, bilateral	<i>E. tarda</i>	Previous PID (Chlamydia), Bronchial asthma	None identified	Left salpingoophorectomy and right salpingectomy, Doxycycline, Amoxicillin/Clavulanate	Recovered
2019, Indonesia	42	Tubo-ovarian abscess, bilateral	<i>E. tarda</i> (pure culture)	Unremarkable	Ingestion of well-cooked fish (Pindang)	Bilateral salpingectomy, Gentamicin	Recovered
2022 USA	35	Tubo-ovarian abscess, bilateral	<i>E. tarda</i> (pure culture)	s/p CS x 1, Multiple episodes of PID, Idiopathic pulmonary embolism, on Apixaban	None identified	TAHBSO, Cefdinir	Recovered
2022 USA	32	Tubo-ovarian abscess, right	<i>E. tarda</i>	s/p left salpingectomy for ectopic pregnancy, Previous PID (Chlamydia and Gonorrhea), Hypertension	Ingestion of oysters	Right salpingoophorectomy, Ciprofloxacin, Metronidazole	Recovered

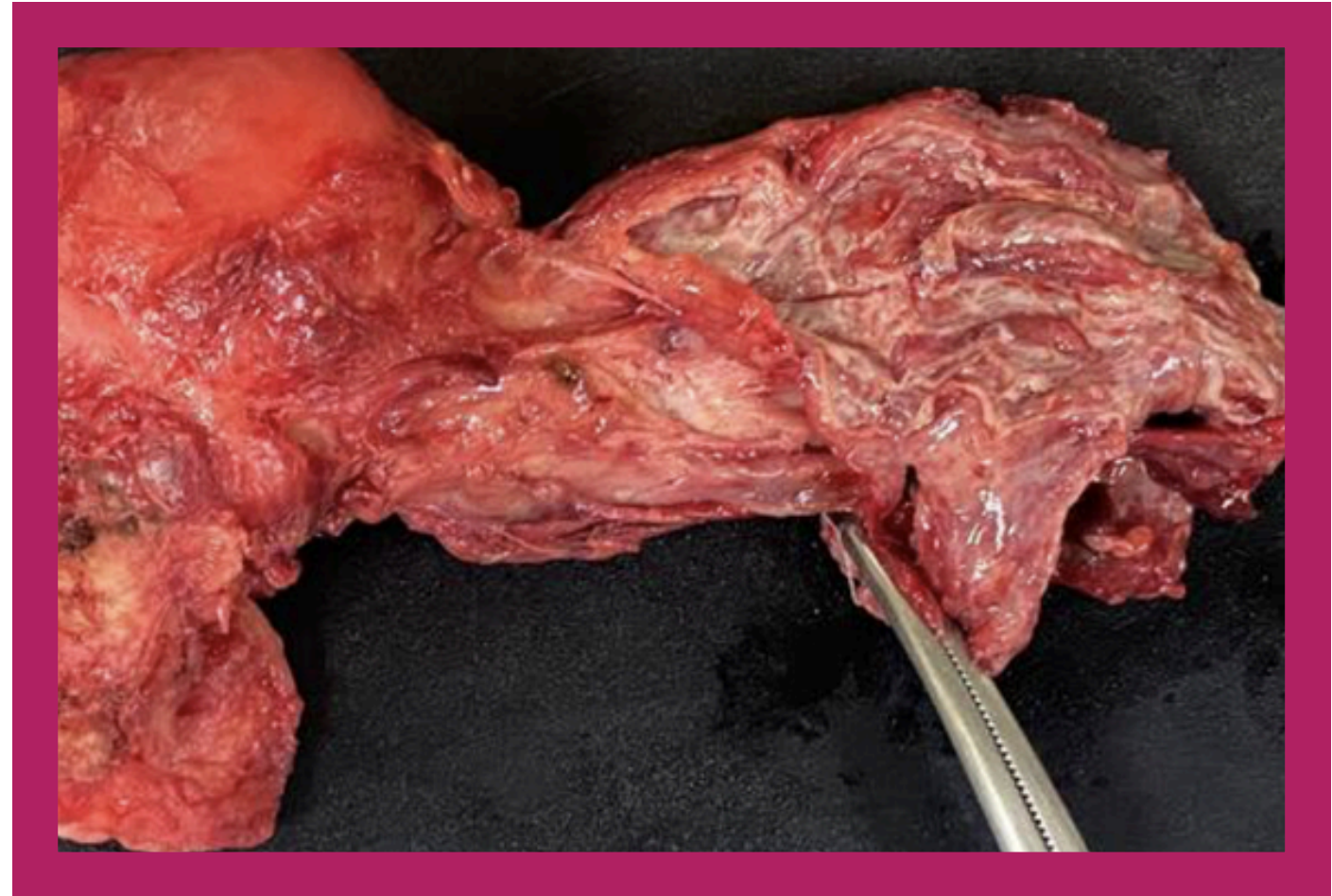
CASE REPORT

A **41-year-old** Gravida 1 Para 1 (1-0-0-1) **Filipino** presented with a 3-day progressive **right lower quadrant pain**. Her medical history included a cesarean section, bilateral oophorocystectomy, and laparoscopic left salpingoophorectomy for dermoid cysts.



Physical examination revealed **generalized direct and rebound abdominal tenderness and cervical motion tenderness**. Transvaginal ultrasound showed a 6.18 x 4.20 x 5.47 cm **right tubo-ovarian complex**.

The patient was diagnosed with **ruptured TOA** and underwent **total abdominal hysterectomy with right salpingoophorectomy**. Postoperatively, she received **Ceftriaxone, Doxycycline, and Metronidazole**. Abscess cultures yielded pure growth of *E. tarda*.

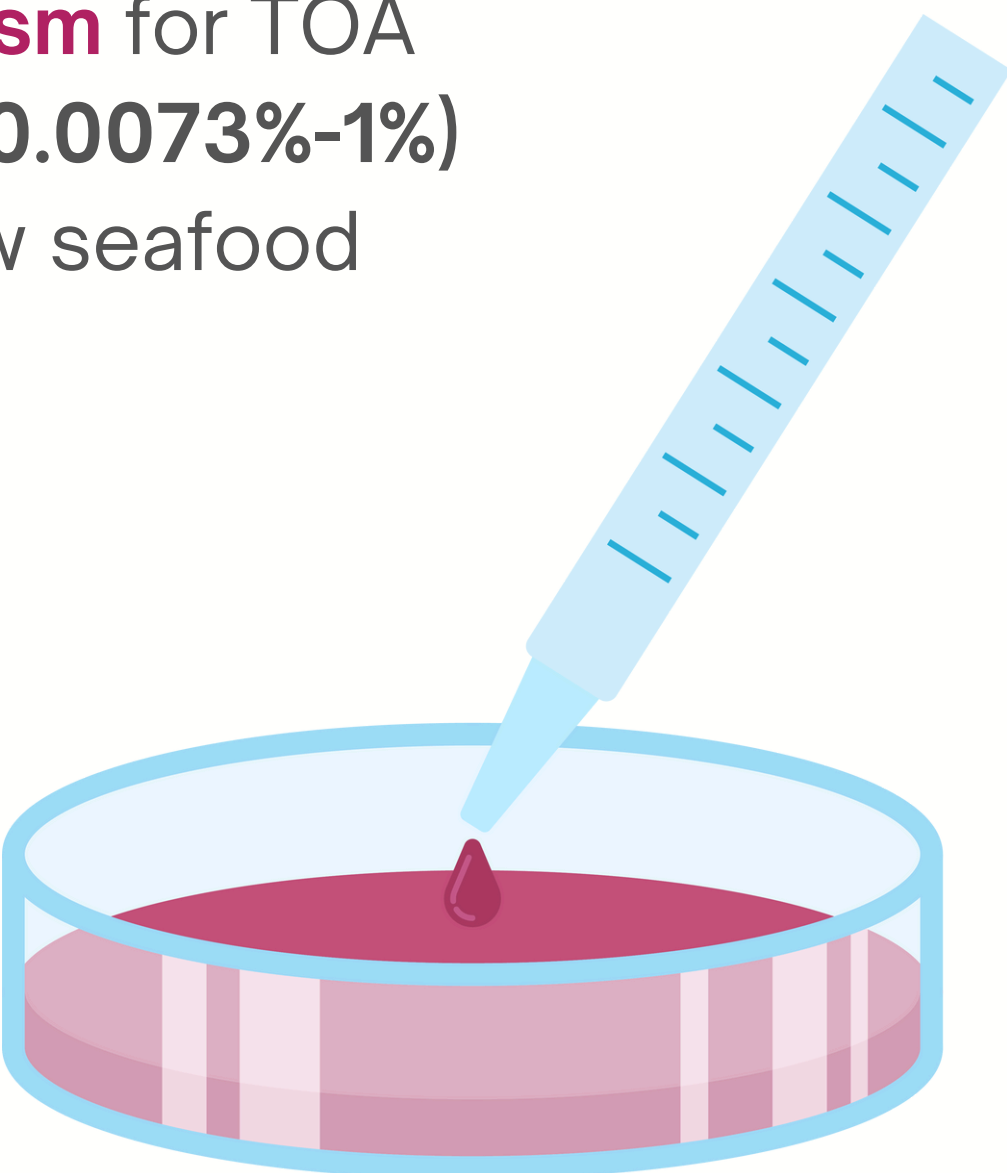


Investigation revealed **daily consumption of raw salmon sushi for one month before symptom onset**. The patient recovered without complications and was discharged after three days.

DISCUSSION

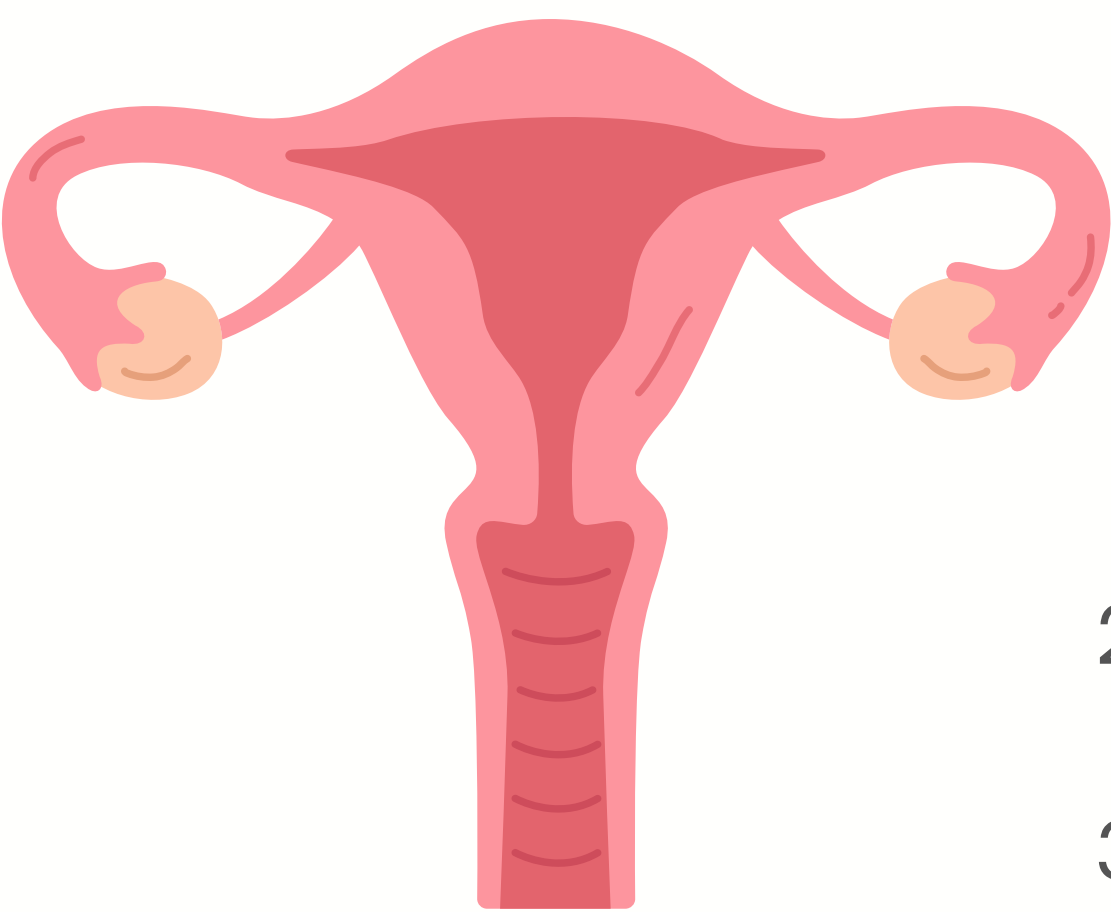
This case highlights *E. tarda* as a **rare causative organism** for TOA – a pathogen with a **very low human colonization rate (0.0073%-1%)** primarily causing **gastrointestinal infections** from raw seafood consumption.

While **culture studies** in TOA are not routinely performed, in contexts where diagnoses expose patients to societal discrimination, the benefits of pathogen identification may outweigh the costs. An objective approach from healthcare providers is essential for accurate diagnoses while protecting patient dignity.



- Proposed mechanisms** of TOA development from raw fish consumption:
- 1. **Hematogenous seeding** after a subclinical bacteremia phase and/or
 - 2. **Bowel translocation** via contiguous spread from postsurgical adhesions
- These considerations enhance our understanding of *E. tarda* TOA's pathophysiology and emphasize the need for comprehensive diagnostic practices.

CONCLUSION



This case expands our current understanding of pathogens involved in pelvic infections and emphasizes these **key points**:

- 1. The importance of **considering non-traditional causative organisms** in clinical practice
- 2. The **value of abscess cultures** in settings that may subject patients to undue stigma, and
- 3. The need for **culturally-sensitive healthcare delivery**

Future research should focus on documenting other non-sexually transmitted pathogens' epidemiology and pathophysiology, and developing evidence-based guidelines for diverse cultural contexts.