ACTINOMYCOTIC ILEAL PERFORATION –A RARE CASE REPORT

Gokul Kruba Shanker, Rohan Krishna, Sunay N. Bhat, Santhosh Koppal

Dept of Surgical Gastroenterology ,VGM Gastro Centre ,Coimbatore, INDIA

INTRODUCTION

- Human actinomycosis is a chronic suppurative granulomatous infection caused by Actinomyces species, most commonly Actinomyces israelii.
- Cervicofacial region is the most common site of involvement followed by abdominopelvic region with bowel perforation being very rare.
- Abdominal actinomycosis can mimic diverticulitis, abscess, malignancy.
- Here we present a rare case of abdominal actinomycosis presenting as abdominal wall abscess with ileal perforation



CT SCAN

Abdominal computed tomography revealed a non-enhancing hypodense lesion in anterior abdominal wall (Intermuscular plane) in right hypochondrial and epigastric region with sub-cutaneous fat stranding.

INTRA -OP FINDINGS

Omentum with ileal loop adherent to abdominal wall

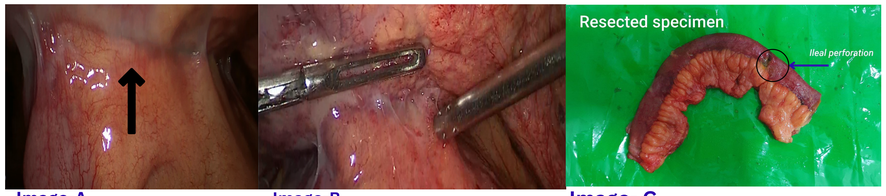
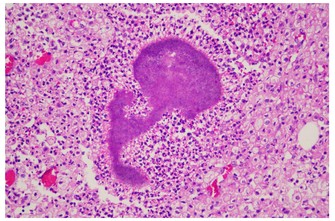


Image-A Image-B Image- C



HISTOPATHOLOGY

FIG-C

- **Histopathology revealed ulceration, transmural necrosis and inflammation comprising of neutrophils, lymphocytes and macrophages with numerous colonies of Actinomyces spp.(Figure C)**

CASE HISTORY

- 51-year-old gentleman with H/O pain abdomen and swelling in epigastric region (size 4 x 5 cm) of 15 days.
- Blood tests revealed leukocytosis. Colonoscopy was normal
- Abdominal computed tomography was done, followed by diagnostic laparoscopy
- Diagnostic laparoscopy revealed unhealthy omentum with loop of ileum adherent to anterior abdominal wall forming a mass, with a sealed off perforation.(Images A and B)
- Laparotomy was done and omentum was excised. Ileal loop was resected and anastomosed.(Image-C).
- Abdominal wall abscess drained through a small incision anteriorly .
- Specimen and pus sent for pathological and microbiological examination respectively confirmed the diagnosis
- Postoperative course of the patient was uneventful.
- Antibiotic therapy with amoxicillin and clavulanate was started and continued for 2 weeks after obtaining histo-pathological reports.
- The patient was discharged on POD # 9
- Patient is under regular follow up with clinical and ultrasonographic evalutation; no recurrences or other complications were observed after 12 months of follow up.

DISCUSSION

- Abdominal actinomycosis should be included as a differential diagnosis whenever there is an unusual site of perforation, mass or abscess on abdominal CT.
- Preoperative diagnosis is difficult because of the lack of peculiar clinical, laboratory and imaging features
- Diagnosis is challenging, given the difficulty to perform biopsies and to isolate the bacterium.
- Surgery and antibiotic therapy helps in treating the infection with good results, minimizes the risk of recurrence.
- Assertive removal of necrotic tissue and surgical drainage may spare the patient from an extensive surgery.
- Duration of antibiotic therapy should be individualized and optimized according to the individual response.

SAGES 2023 March 29-April 1, 2023 | Montréal, Canada
INNOVATION FOR THE SAGES