RANZCOG Annual Scientific Meeting 2023
Perth | 28 Oct - 1 Nov
Aiming higher: More than healthcare

BESINS HEALTHCARE
Innovating for Well-being

A Case of Pelvic Actinomycosis – An Atypical Presentation of Pelvic Inflammatory Disease

White. E – Sunshine Coast University Hospital

Background

Pelvic inflammatory disease (PID) is a condition caused by polymicrobial infections that varies in its presentation and severity with potential for significant long-term sequelae; including infertility and chronic pelvic pain.
PID most commonly occurs in sexually active women but can also occur from non-sexually acquired infections from surgical procedures, foreign bodies and vaginal bacteria[1].

Aims

The aim of this case is to highlight the atypical nature PID can present, in particular, Actinomycosis organisms.

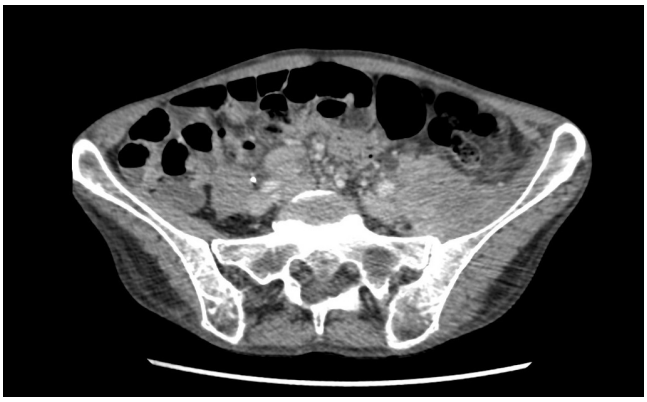

Figure 1. Left iliopsoas abscess

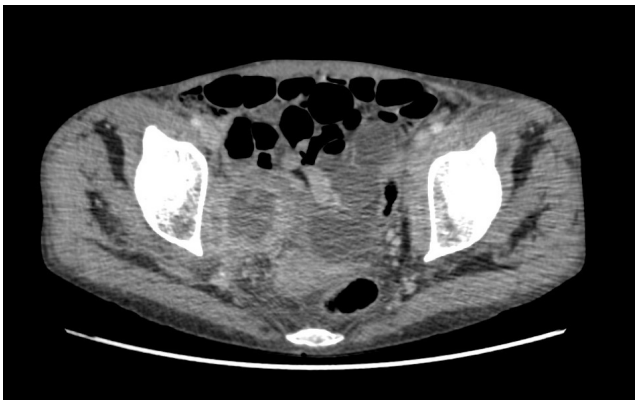

Figure 2. Right adnexal mass and iliopsoas abscess

Case

A 54 year-old postmenopausal female presented to the GP with left ankle swelling and left thigh pain on leg raising. CT (computed tomography) showed a left psoas abscess and left pelvic mass in January, and she was referred to the surgical outpatients. Repeat imaging performed at her appointment in March showed the left iliopsoas abscess and left adnexal mass were stable however, a new right adnexal mass was noted. Background: G0, no history of sexually transmitted infections/ intrauterine devices. She denied vaginal discharge/bleeding and abdominal pain. Left leg swelling and pain had since resolved. Unintentional weight loss ~5kg in 12 months. On serial examinations she remained afebrile, normal vitals, abdomen soft and non-tender. Hb 99, WCC 12.7, CRP 153, CA125 14, CA19.9 <5, CEA 2.4. She was admitted, commenced on intravenous antibiotics and received an interventional radiology guided aspirate which showed frank pus. The aspirate yielded *Actinomycosis israelii* on 16s RNA PCR testing. The patient is completing 6 months of antibiotic therapy and may require up to 1 year for clearance of the bilateral tubo-ovarian abscesses and tracking iliopsoas abscess.

Discussion

Actinomycosis PID is an important differential when noting atypical intra-abdominal abscesses on imaging. Actinomycosis is a rare chronic suppurative bacterial infection caused by gram positive anaerobic bacteria and can imitate some malignant pelvic tumours[1,2]. Pelvic actinomycosis is usually associated with a history of intrauterine devices and represents 3% of human actinomycosis[2]. Management involves long term antibiotic therapy.

References
1. García-García, A. et al. (2017) 'Pelvic actinomycosis', Canadian Journal of Infectious Diseases and Medical Microbiology, 2017, pp. 1–17.
2. Floyd, R. et al. (2021) 'Pelvic actinomycosis', QJM: An International Journal of Medicine, 114(8), pp. 587–588.