Case Study: A Rare Case of a Non IUD-Related Chronic Endometritis Caused by Actinomyces in a Post-Menopausal Woman

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INTRODUCTION

- Actinomycosis uterine infection is a rare condition, usually associated with history of intrauterine device (IUD) [1].
- Clinical presentation may vary from asymptomatic to the mimicking of pelvic malignancy; it has been described as one of the most misdiagnosed diseases [2].
- Clinical Actinomycosis manifests as: cervicofacial (60%), abdominal/pelvic (25%), and thoracic (15%) [3].

CASE DESCRIPTION

Presentations:
- Case of a 78-year-old post-menopausal woman G4P3A1 without history of IUD use, presents to office with persistent postmenopausal bleeding (PMB) for 7 months.
- Past medical history: Hypertension, Hyperlipidemia, Dilated Cardiomyopathy with defibrillator
- Surgical history: Bilateral partial salpingectomy with bladder repair, defibrillator placement.
- No history of IUD.

*Visit 1:
- Chief Complaint: 7 months of PMB
- Physical Examination: Afebrile, hemodynamically stable, no acute distress
- Endovaginal ultrasound: Endometrial lining of 9 mm
- Endometrial sampling: Atrophic endometrium with unremarkable endocervical cells.

*Visit 2 (2 years later):
- Chief Complaint: Recurrent PMB with pelvic pain
- Physical Examination: Afebrile, hemodynamically stable, no acute distress
- Endovaginal ultrasound and Endometrial sampling: Similar results as Visit 1

MANAGEMENT AND OUTCOME

- Visit 1:
  - Treatment: Conjugated vaginal estrogen for atrophic vaginitis
  - Follow up outpatient
- Visit 2:
  - Follow up outpatient with close observation

- 2 years
- 6 months later with persistent symptoms
- Admission to GYN ward

- Hysteroscopy with Fractional D & C.
- Endometrial biopsy: Actinomyces colonies, necrotic tissue, pyometra
- After treatment
- Significant improvement
- Only with vaginal spotting

- Diagnosis: Chronic Endometritis by Actinomyces
- Labs:
  - CBC: normal
  - Vaginal, blood, urine and stool culture: negative
- Treatment: 7 days of IV piperacillin/tazobactam 3.375 mg every 6 hrs, then ampicillin 500 mg PO daily x 6 weeks

REFERENCES