

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.

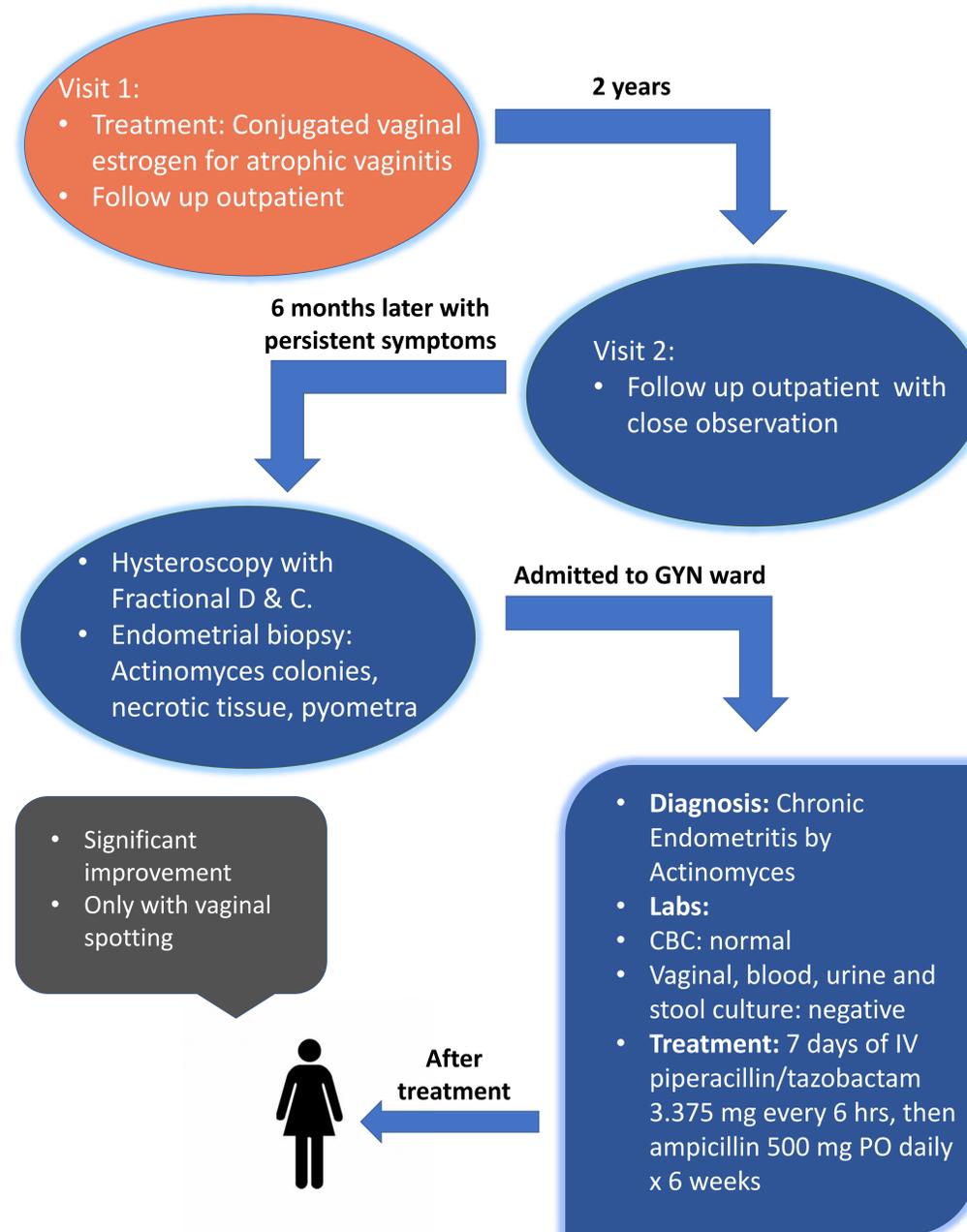
*Visit 2 (2 years later):

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



DISCUSSION

- Few cases of Actinomyces infections have been described in the uterus with no IUD history, but there is always an erosive mechanism that damaged the uterine endometrium (Figure 1-5) (1).
- Our patient presented with no apparent predisposing risk factors for Actinomyces infection

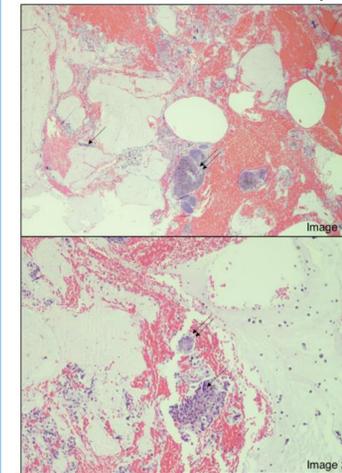


Image 1: Free cells along with mucus. Cuboidal cells from the squamous-columnar junction (arrow). Actinomyces colony (double arrow). Image 2: Squamous columnar epithelium (arrow). Actinomyces colonies embedded in tissue (double arrow).

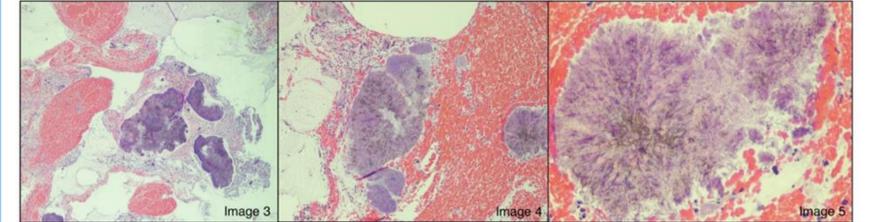


Image 3: Actinomyces colonies, gram positive, with the pathognomonic fungal like pattern (aka. Cotton ball pattern) of intertangling of mycelial fragments and rosette peripheral clubs. Image 4: Sulfur granule; a basophilic mass with eosinophilic terminal club and filamentous branching at the periphery. Image 5: 40x magnification of sulfur granule

- Actinomyces spp. infections are challenging to diagnose due to lack of pathognomonic features
- Patient's surgical history it is unlikely contributory due to lack of systemic symptoms or erosive injury.
- Although rare, Actinomyces endometritis should be considered a differential diagnosis in cases of elderly woman PMB without a history of IUD.

References

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