

TUBOOVARIAN ACTINOMYCOSIS FOLLOWING VAGINAL STERILIZATION

(A Case Report)

by

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and

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SUMMARY

A case of tuboovarian actinomycosis following vaginal sterilization is presented with a review of the literature. The route of infection is discussed.

Introduction

Approximately 300 cases of pelvic actinomycosis had been reported until 1975 (Schiffer *et al*). With the increasing use of intrauterine contraceptive devices (IUCED) incidence of actinomycosis of the female genital tract is increasing. (Brenner and Gehring 1967, Mittal *et al* 1973; Henderson, 1973; Schiffer *et al* 1975; Taylor *et al* 1975; McCormick and Schorgu 1977; Purdie *et al* 1977; Cheema *et al* 1977; Witwer *et al* 1977; and Hagar and Majumdar 1979).

CASE REPORT

A 31 year old housewife was admitted to Lady Goschen Hospital on 4-2-1983 for pain in abdomen, of 7 days duration. She had undergone vaginal sterilization 5 months prior to admission and postoperative period had been uneventful. There was no previous history of pelvic infection or bowel disease.

On examination, there was tenderness in the

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right iliac fossa. Vaginal examination revealed healthy vagina and cervix. There was scarring in the right fornix and a diffuse mass was felt on the same side.

On 12-2-1983 patient developed severe abdominal pain. Ectopic pregnancy was suspected and colpocentesis was done. A little serous fluid was aspirated from the right side. After a course of Septran, endometrial curettage was done. Histopathological study showed clot and bits of endometrial stroma without glands. Culture was negative for *Mycobacterium tuberculosis*.

Laparotomy was done on 7-3-1983. Omentum was adherent to the anterior parietal peritoneum. There were dense adhesions between caecum, ovary, tube and uterus on the right side. Left tube and ovary were normal. Subtotal hysterectomy with right salpingo-oophorectomy was done.

PATHOLOGY

Gross appearance (Fig. 1):

Specimen consisted of uterus with right sided tuboovarian mass, uterus measuring 4 x 3 x 2 cm. Cut surface showed normal endometrial cavity an wall.

Tuboovarian mass measured 4 x 3 x 3 cm. Cut surface showed multiple circumscribed yellowish necrotic areas.

Microscopic appearance (Fig. 2):

Normal histology of the ovary and tube could not be made out. It was replaced by extensive granulation tissue with multiple microabscesses around colonies of actinomyces.

Discussion

This case of tubo-ovarian actinomycosis is unusual as it has followed vaginal sterilization. The main point of controversy is whether it is a primary genital tract infection or secondary to spread from other pelvic organs.

According to Herbut (1953) infection of the fallopian tubes and ovaries by actinomyces is probably secondary to a lesion in the caecum and appendix, although the lesion in the contiguous portion of the intestine may not be demonstrable. Harvey and Cantrell, (1957) over a 25 years period found 4 cases of actinomycosis involving the female genital organs as primary site and 6 cases as secondary site.

Primary actinomycosis of female genital tract has been generally associated with the presence of a foreign body most commonly IUCD. In other cases actinomyces has been observed with forgotten tampons and pessaries (Luff and Frost 1978).

Luff and Frost (1978), during a thirty month study, found 350 pancervico-vaginal (fast) smears positive for actinomyces. All of them had been wearing IUCD. Thirty patients underwent hysterectomy. Twenty-six out of these had extensive salpingo-oophoritis. Spence *et al* (1978) found 35 positive fast smears for actinomyces, 7 being from asymptomatic cases. In a Papanicolaou smear study of women with IUCD, Hager *et al* (1979) found 8% positive for actinomyces. Curtis and Pine (1981) found

only 18 out of 50 women with positive cervico-vaginal mucus for actinomyces. Out of these positive cases 5 had neither IUCD nor any foreign body.

In the present case there was no history of bowel symptoms or pain in abdomen or IUCD prior to vaginal sterilization. This, together with the presence of scar in the right vaginal fornix, suggests that infection of the right ovary and tube with actinomyces occurred during or immediately following the sterilization. The patient may well have been an asymptomatic vaginal carrier of the organism. The trauma of operation resulting in ascending infection.

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See Figs. on Art Paper II

DISCUSSION

The importance of the role of actinomyces in the pathogenesis of tubal pregnancy is well established. It is a well known fact that the actinomyces is a common organism in the female genital tract and is often found in the fallopian tube. The actinomyces is a common organism in the female genital tract and is often found in the fallopian tube.

The purpose of this study is to determine the role of actinomyces in the pathogenesis of tubal pregnancy.

The study was conducted in a tertiary care hospital. The patients were selected on the basis of their clinical presentation and the results of their investigations. The study was conducted in a tertiary care hospital. The patients were selected on the basis of their clinical presentation and the results of their investigations.

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