TUBO-OVARIAN ABSCESS ASSOCIATED WITH IUD DUE TO ACTINOMYCOSIS

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SUMMARY

An unusual case of tubo-ovarian abscess due to actinomycosis associated with the IUD is reported. Though pathogenesis of the disease is unknown, the mode of treatment is discussed in detail.

Introduction

The incidence of acute pelvic inflammatory disease is increased by the presence of an IUD regardless of the socio-economic status of the patient. Major pelvic infections resulting in death has been reported in both pregnant and non-pregnant women. Recently, many reports of tubo-ovarian abscesses secondary to actinomycosis infections, in presence of an IUD have been published.

Case Report

Mrs. S.P., 45 years old widow, 6th; gravida, was admitted for low grade fever, lower abdominal pain, menorrhagia and leucorrhoea since last 2 months.

Her temperature was 99.4°F, pulse—100/mm, BP—was 110-70 mm of Hg. Her abdomen was soft with mild tenderness in lower abdomen on both sides, but there was no mass felt per abdomen.

In the right fornix, there was an irregular, firm, slightly tender mass of 7 x 6 cms in dimension, fixed to the anterior rectal wall and extending onto the right pelvic wall. In the left fornix, there was thickening and tenderness. On rectal examination rectal mucosa was intact but adherent to the mass in the right fornix.

There was a tubo-ovarian mass on the right side densely adherent to the right pelvic wall. Loops of intestines were adherent to this tubo-ovarian mass.

Micro-Scopic Findings

Gram staining of the endometrium, sections of uterus and tubo-ovarian abscesses showed characteristic bodies of actinomycosis but culture was not positive for actinomycosis.

The Lesions consisted of central colonies of branching gram positive hyphae embedded in pools of purelent exudate, around which were the collections of lipid histocytes and specific "sulphur" grannules of actinomycotic grannuloma. In addition, many plasma cells scattered lymphocytes and foci of gram positive cocci were present.

The right and left tube showed inflammatory changes with proliferative reactive mesothelial cells.

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See Figs. on Art Paper IV, V