"Actinomycosis- A Medical Rarity In Gynacological Surgery"

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Incidence of actinomycosis is very rare.

Mrs. P. 37, yrs, admitted in Aug' 96, in cancer ward transferred to gynaec ward with only c/o painful lump in lower abdomen- 1yr. No bowel or blader disturbance. MH- Regular, normal. OH-P_{3+1}. Lap Sterilisation done. No H/o of IUD use. H/o of vaginal trauma 2.5yrs back with cattle pole. Cachexia +. Syst. examination-NAD. PA-Hard, irregular, nodular fixed, non tender pelvic mass 6 x 3". P/s- chronic cervicitis. P/v- nothing made out except same mass felt upto left pelvic wall. Length of uterine cavity- 3.5". Endometrium Histopath Report- proliferative phase. All routine investigations- N.Except-ESR-80mm, Chest X-Ray-pleural thickening lung base. Pap's smear Gr II, FNAC- nothing obtained, IVP- NAD, USG & C.T. Scan –Upper abd-N, Lymphnode-N, Lower abd- soft tissue pelvic mass 6.4 x 4cm infiltrating anterior abd wall & Urinary bladder. Uterus bulky with calcific foci. No free fluid in POD. Prov. Diag.-? Ova malignancy? TO mass,? Fibroid. Cystoscopy showed- multiple pin head nodules at bladder base and lateral walls. Biopsy taken. On laparotomy-hard, fixed, nodular, irregular pelvic mass plastered to peritoneum, rectus muscle and sheath. Biopsy taken. Histopath Report: mass and bladder-actinomycosis fungal colonies with chronic granulation tissue. No malignancy. Stitch line healthy. High dose Inj. Crystalline Penicillin given IV for 2 mth. (30 Lac 4 hrly) Poor pt. compliance. Hence oral Erythromycin given for next 4 month. Patient responding well.

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