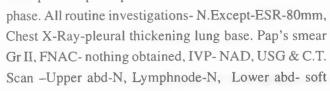
"Actinomycosis- A Medical Rarity In Gynacological Surgery"

Sharda Goyal, Rachna Kamal, Monika Singhal Dept. of Gyn & Obst., R.N.T. Medical College, Udaipur.

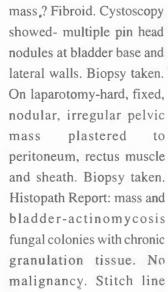
Incidence of actinomycosis is very rare.

Mrs. P. 37, yrs, admitted in Aug' 96, in cancer ward transferred to gynaec ward with only c/o painful lump in

lower abdomen- lyr. No bowel or blader disturbance. MH- Regular, normal. OH-P₃₊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



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



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.



"Actinomycosis fungal colony with chronic grannulation tissue"