

## Case Reports 2020: Postmenopausal Bleeding as a Symptom of Endometrial Actinomyces in the Absence of Intrauterine Contraceptives and With Allergy to Penicillin- Tanja Petronijevic- Medical Doctor from general hospital department obstetrics gynaecology

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### CASE STUDY

This case study focuses on a 66-year-old patient, allergic to penicillin, with endometrial actinomyces, with no history of intrauterine contraceptive (IUD) administration, with symptomatology in the form of postmenopausal uterine bleeding and lower pelvic pain. Endometrial actinomyces is an infection that occurs rarely, accompanied by non-specific symptomatology. The diagnosis is based on histological examination of affected tissue sample. The treatment is conducted with antibiotic therapy, administering high doses of intravenous antibiotics and, in certain cases, surgical treatment, as was the case in our patient.

Introduction: Actinomyces is a rare, chronic infectious disease caused by anaerobic, gram positive, filamentous microorganisms of the genus *Actinomyces*. The most commonly isolated species is *Actinomyces israeli* (1). It is found as part of the normal flora of the human mouth, gastrointestinal and urogenital tracts. Healthy mucosa is a barrier against its spread in the body (2). The destruction of the mucosal barrier caused by traumas during endoscopic examinations, operations, or chronic inflammatory diseases is a predisposing factor for the development of actinomyces. The disease occurs in several forms, the most common being cervicofacial, abdominal, and thoracic, while pelvic, generalized as well as localized on the CNS, are less common. (3, 4, 5, 6, 7,8) The uterus is relatively resistant to infections and endometrial infection is very rare. Genital infection is usually endogenous, possibly developed by direct spread through the abdomen, by ascending or inoculation, associated with IUDs, contaminated pessary, uterine prolapse, and criminal abortions (13) and it is difficult to make the diagnosis preoperatively. Endometrial Actinomycosis causes atypical symptoms such as abdominal pains, internal bleeding in genital organs, so it is difficult to determine the right diagnosis. The diagnosis of actinomyces is most commonly made by isolating actinomyces from a bioplate sample (9,10). In actinomyces therapy, penicillin G is an option, in high doses and long-term use. Patients allergic to penicillin have been treated by tetracycline, clindamycin, erythromycin and cephalosporins (10, 11, 12). Surgical procedures are sometimes required. (9,10)

The recognition rate of *Actinomyces* in patients with pelvic actinomyces is as low as 2%. The illnesses which are brought about by the *Actinomyces* spp. are frequently hard to analyze.

The determination of actinomyces can be affirmed by culture. Notwithstanding, it is frequently hard to culture *Actinomyces*. The way of life medium ought to be carefully anaerobic and it takes somewhere in the range of 14 and 21 days to build up a finding. Such a particular culture demand isn't regularly made if the determination isn't suspected. The negative culture rate has been accounted for to be 76%. Accordingly, a conclusion of actinomyces can be produced using the finding of sulfur granules inside the provocative exudates on histologic assessment or on the Papanicolaou spreads. Histologically, decaying abscesses with ensuing rot and thick fibrosis are typically found in actinomyces. The sore depressions fill in size and they have avascular thick dividers. The living being at first make thick attachments with adjacent structures because of their broad fibrosis and in the late stages, it can deliver inner or outside fistulae. To close, our case is uncommon and intriguing, as endometrial actinomyces is found in a post-menopausal female and as it isn't related with an IUD or any careful intercession. This case report additionally accentuates that endometrial actinomyces can be an uncommon reason for post-menopausal draining per vaginum, and that thus it should be considered as a chance.