



Vulvar Abscess due to Actinomyces Meyerii

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Keywords

Abscess, Actinomyces meyerii

Introduction

A case of Vulvar Abscess due to Actinomyces meyerii is presented. Actinomyces meyerii-a gram positive rod has not been previously described as causing vulvar abscess.

Case

A 14 years old girl presented with vulvar swelling, pain, and difficulty to walk. Her examination showed a tender and large left labial abscess (Figure 1). In OR, the patient underwent incision and drainage. Large amounts of puss were evacuated. Aerobic and anaerobic cultures were obtained. The patient's postoperative recovery was unremarkable and she was discharged on oral Ciprofloxacin 250 mg twice a day and Cephalexin 500 mg twice a day for 7 days. One week later the cultures were positive for Actinomyces meyerii:



Figure 1:Vulvar Abscess due to Actinomyces Meyerii.

A = RT. Labia
B = LT. Labia

Infectious disease specialist on consult recommended Amoxicillin 875 mg orally, every 12 hours for at least 4 weeks based upon clinical resolution. Four weeks later patient had complete resolution (Figure 2).

Discussion

Human actinomycosis is a rare infection caused by a gram positive, anaerobic bacterial rod of the genus Actinomyces that is colonizing the mouth, gastrointestinal tract, and vagina in healthy individuals. Some members of the order are: Actinomyces israelii, A. odontolyticus, A. naeslundii, A. meyerii, A. viscosus, Rothia dentocariosa, and Propionibacterium propionicus [1]. The four major types of human actinomycosis are: Cerebral, cervico-facial, thoracic, abdomino-pelvic [2]. The gynecologist is more likely to encounter abdominal and/or pelvic actinomycosis. Weight loss and chronic low-grade fever are symptoms common to all of the different presentations of actinomycosis it is thought to be underdiagnosed due to the indolent nature of the complaints.

The classic symptoms of abdominal actinomycosis are diffuse abdominal pain, nausea, vomiting and diarrhea. Some classical studies have documented genital/pelvic actinomycosis, a rare infection, in women with IUD [3]. Actinomyces israelii was almost exclusively found in those women with IUD or in vaginal pessary

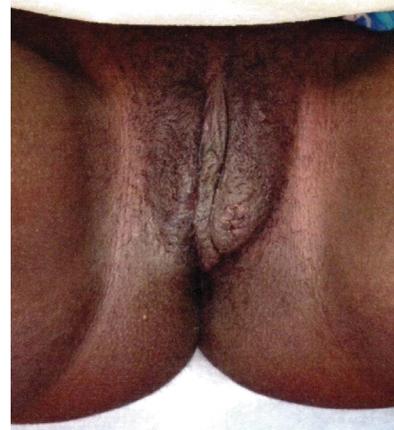


Figure 2: Four weeks later.

users. The pathogenesis of actinomycosis infection starts at the site of disruption of the mucosal barrier. There is penetration of organisms into deeper tissues. Solitary or multiple abscesses develop, with slowly progressive induration, fluctuation, central suppuration, and a fibrotic texture develops that can be easily mistaken for carcinoma. The primary abscess enlarges and develops a fibrotic capsule that, after further growth, breaks down with the formation of sinus tracts.

Vulvar Actinomycosis

It has been rarely described before. McElroy and colleagues described a case of vulvar actinomycosis mimicking a vulvar malignancy [4].

The present report is about *Actinomyces meyerii* causing a Vulvar Abscess. A search of English literature on the Medline did not

produce any additional cases associating *actinomyces meyerii* with vulvar abscess.

References

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