

Objective

The results of prospective 2005-2016 yy. single-center study of the abdominal actinomycosis patients.

Methods

We included 162 patients with different clinical forms of actinomycosis. Age of patients was from 8 to 81 y, median - 42 (36,5±52). The control group included 20 patients with abdominal nonspecific inflammatory processes.

Results

Abdominal actinomycosis was in 44% cases. Of these, isolated lesions of the abdominal cavity were observed in 11 patients (6%). Risk factor for abdominal actinomycosis was acute appendicitis with perforation (OR= 3.4[1.5-28.2]).

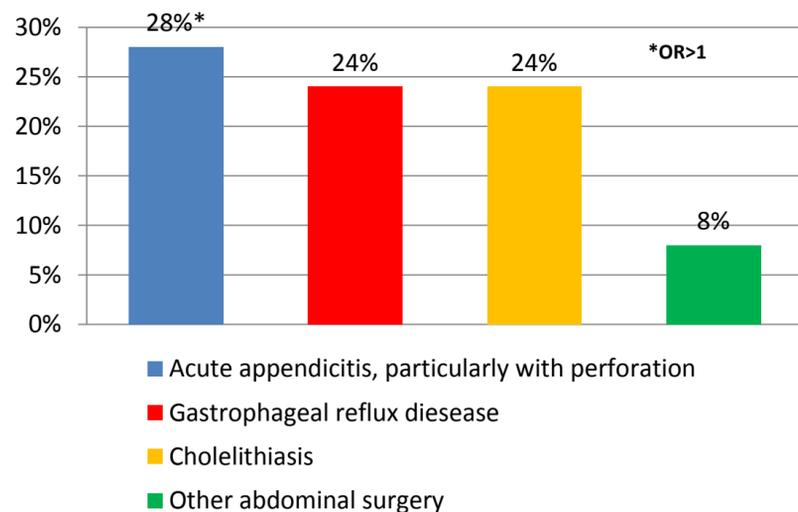


Fig.1 Risk factor for abdominal actinomycosis

Appendix (64%) and omentum (64%) were the most common sites of abdominal actinomycosis.

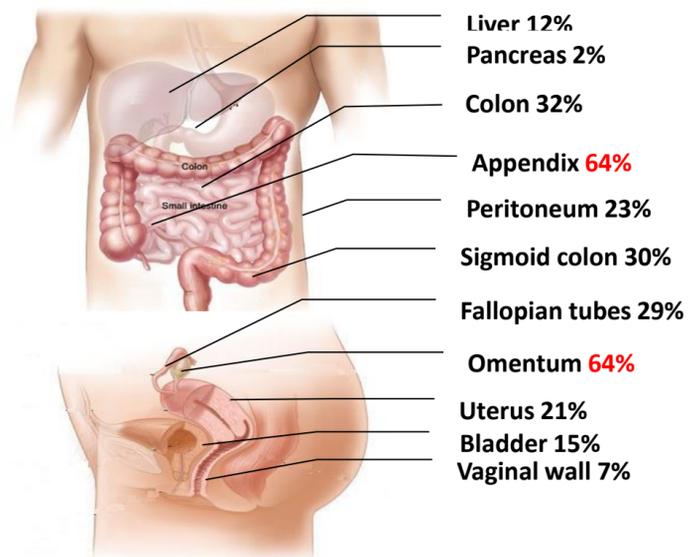


Fig.2 The sites of abdominal actinomycosis

Patients presented with non-specific symptoms such as fever (100%), abdominal pain (91%), and weight loss (36%). The formation of spontaneous draining of purulent material was in 27% cases.

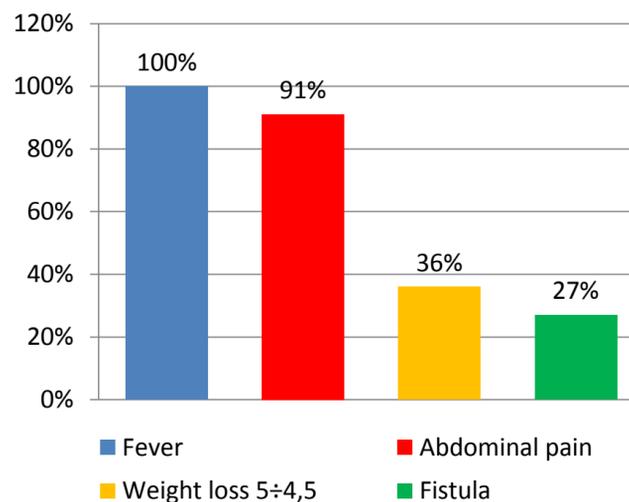


Fig.3 Symptoms of actinomycosis

The time from onset to diagnosis varied from a few weeks to two years (median - 27 ± 2 days). The diagnosis was based on histological examination of a postoperative material in all cases. CT was done before the start of treatment for 8 patients. A massive and dense infiltrates that extends beyond one organ, the involvement of fat in the process were determined by CT.

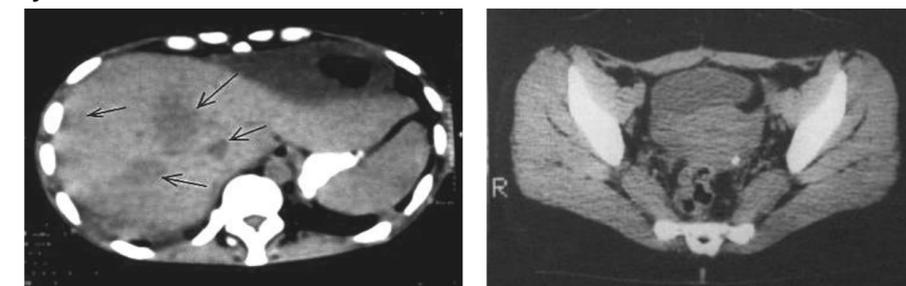


Fig.3 CTscan

Surgical resection of infected tissues was done in all patients: appendectomy (64%), sigmoid resection (45%), Hartmann operation (55%), extirpation of the large omentum (45%), resection of the large omentum (55%). All patients have been treated with high doses (12-24 million units a day) of intravenous benzylpenicillin over 2 to 4 weeks, followed by oral amoxicillin at a dose of 1,5-2 g/day for 6 to 12 months (median 9±2 months). Treatment efficiency was 92%.

Conclusions

Abdominal actinomycosis makes 44% of cases from all clinical forms of a disease. Risk factor for abdominal actinomycosis was acute appendicitis with perforation (OR= 3.4[1.5-28.2]). Surgical resection of infected tissues and long-term antibiotic therapy was effective in the treatment of abdominal actinomycosis (94%).