**IUD COMPLICATIONS: ACTINOMYCOSIS**

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<th>DEFINITION</th>
<th>Actinomyces are prokaryotic bacteria, which are present in the GI tract. When they colonize the vagina and cervix, they generally do so without causing symptoms. The presence of Actinomycosis is usually detected by the appearance of sulfur granules on routine pap smears. Only half of women with reports of “Actinomyces-like” organisms on Pap smears have any Actinomyces present. The organisms rarely ascend into a woman’s upper genital tract but when they do, it can result in salpingitis and serious pelvic abscesses. The prevalence of these granulomatous pelvic abscesses among IUD users has been estimated to be less than 0.001%. However, upper tract and intraperitoneal actinomycotic infections may mimic malignancies and require long term antibiotic therapy and occasionally even surgery. The risk of cervical colonization with Actinomyces appears to be higher in women using an IUD for more than 5 years.</th>
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| SUBJECTIVE | May include:  
1. No symptoms.  
2. Vaginal discharge or spotting.  
3. Uterine cramping.  
4. Dull, ill-defined abdominal pain.  
5. Severe abdominal pain, fever, chills. |
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| OBJECTIVE | May include:  
1. Normal appearing cervix.  
2. Cervix with an inflamed appearance.  
3. Discomfort on bimanual exam, cervical motion tenderness, pelvic mass(es). Actinomycotic pelvic abscesses can be unilateral, in distinction to the abscesses seen with most STDs. |
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<th>LABORATORY</th>
<th>Must include: Pap test report noting “actinomyces” or “actinomyces-like organisms”.</th>
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<th>ASSESSMENT</th>
<th>Possible actinomycosis in a woman using an IUD.</th>
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| PLAN | 1. If any evidence of abscess(es) is present or if patient symptomatic and you are unable to rule out abscess(es) on exam, refer to ER for possible hospitalization and intravenous antibiotic therapy.  
2. If patient with a pap smear report suggesting actinomyces has signs or symptoms of cervical and possible uterine infection, but no adnexal infection or abscesses (e.g., no fever, no cervical motion tenderness or adnexal tenderness or masses.).  
   a. Treat for actinomycotic cervicitis/endometritis with one of the following antibiotics:  
      1) Penicillin G 500 mg orally 4 times a day for 30 days.  
      2) Tetracycline 500 mg orally 4 times a day for 30 days (CONTRAINDICATED if pregnant or breast feeding).  
      3) Doxycycline 100 mg orally twice daily for 30 days.  
      4) Amoxicillin/clavulanate 500 mg orally 2 times a day for 30 days.  
   b. If patient required antibiotic therapy for IUD placement for endocarditis, provide again with removal (see IUD placement protocol).  
   c. After administering the first dose of antibiotics, obtain patient consent and remove IUD. Scrape IUD and send to cytology to confirm diagnoses.  
   d. Provide another method of contraception.  
   e. Test for other cervical infections (gonorrhea and chlamydia) that may cause PID.  
   f. Have patient return in 48-72 hours to evaluate her response to treatment.  
3. If a nonpregnant patient is asymptomatic, has no signs of cervical or upper tract infection, advise that actinomycotic PID can be a very serious illness, but she is at relatively low risk for developing PID even if her IUD is left in place. Do not advise removal of the IUD or use of antibiotic therapy. No culture tests are appropriate. Instruct her to return for therapy should any signs or symptoms develop. Repeat cervical cytology and pelvic exam within 1 year. Remove IUD only upon patient request. |
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| PATIENT EDUCATION | 1. If patient retains her IUD, advise her to return or go to ER if she develops signs or symptoms of PID, such as fever, chills or pelvic pain.  
2. If asymptomatic patient has had her IUD removed, advise her that she may be able to have another IUD immediately or in 3-5 days after removal if she remains asymptomatic. |
|---|---|
| REFER to MD/ER | 1. Patient treated on an outpatient basis whose symptoms do not improve in 72 hours.  
2. Patients with actinomycotic pelvic abscesses. |