

ACTINOMYCES (ALOs)

Actinomyces and Actinomyces-like Organisms (ALOs)

Actinomyces species form part of the normal flora of the alimentary tract.

1-5% of women have been found to have Actinomyces-like Organisms (ALOs) present at the cervix as a commensal. ALOs may be reported on swabs or as an incidental finding on a cervical smear result.

Pelvic Actinomycosis

Pelvic Actinomycosis is a rare, chronic suppurative infection noted for forming external sinuses that discharge characteristic sulphur-like granules. It can arise as an opportunistic infection in immunosuppressed women. Lesions usually contain other bacteria in addition to Actinomyces.

ALOs and Intrauterine Devices

The incidence of ALOs in cervical smears of IUD users is higher than in non-IUD users. The rate is lower with the levonorgestrel-releasing intrauterine system (LNG-IUS, Mirena[®]) than the copper IUD and increases with duration of use.

The presence of ALOs on smears of IUD users does not represent a pathological state, is not predictive of future difficulties and is not an indication for removal of the device in asymptomatic women.

Initial Management of Patient with ALOs on swab or cervical smear

Sandyford policy is one of advising monitoring for symptoms rather than unnecessary intervention in asymptomatic women. All clients with an IUD and ALOs reported on cytology are sent information by the results processing team with regard to this. (see appendix). If the IUD has already been changed or removed, there will be no need to inform the patient as cytology will revert to normal within 8-12 weeks.

Management of Asymptomatic Women with ALOs

- Replace the IUD or IUS after the usual time period. Antibiotic cover is not required and the device does not need to be sent for culture. The replacement device can be reinserted immediately

Management of Symptomatic Patient with ALOs

- If Pelvic Inflammatory Disease (PID) is suspected it is important to consider other organisms that can be associated with PID (investigate as per Sandyford Pelvic Pain protocol).
- Seek senior advice regarding ongoing management.
- Emergency referral to acute gynaecology may be required if systemically unwell

- If an intrauterine device or the levonorgestrel-releasing intrauterine system (Mirena[®]) is in situ, consider its removal: if removed, send the device for culture, stating that actinomyces culture is required

References:

FSRH Clinical Guidance Intrauterine Contraception April 2015 (updated June 2015)

<http://www.fsrh.org/pdfs/CEUGuidanceIntrauterineContraception.pdf> Accessed 21/09/2015

*Appendix**Standard Letters on NASH***ACTINOMYCOSIS PATIENT LETTER**

The result of your recent smear test has been reported as normal. This means that at the time the smear was taken the cervix was healthy, no abnormal cells were seen, and you are at low risk of developing cervical cancer.

However the smear shows possible presence of an organism known as Actinomyces. This does not usually need treatment.

If however you develop symptoms such as vaginal discharge, unusual bleeding, pelvic pain or painful sex, we would advise that you have your coil removed. Please attend the clinic if you experience any of the above symptoms.

Further advice can be obtained by speaking to one of the nurses on 0141 211 8130 if you require to do so.

We advise you to have a further test in **3 years**.

Yours sincerely