Abdominal Actinomycosis Mimicking Malignancy
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INTRODUCTION: The abdominal subtype of actinomycosis is extremely rare; however, when present can mimic intraabdominal malignancies. We present an 88-year-old woman who presented with abdominal pain. Computed Tomography (CT) imaging showed multiple intra-abdominal soft tissue masses in the greater omentum, anterior abdominal wall, and small bowel mesentery suspicious for intraabdominal malignancy. She underwent CT guided biopsy showed filamentous gram-positive bacteria concerning for actinomycetes but no malignant process.

CASE DESCRIPTION/METHODS: An 88-year-old woman presented with abdominal pain, fatigue, and 15 lb weight loss over the past month. On admission, she was afebrile. Physical examination revealed mild tenderness over the left lower abdominal quadrant. Initial labs revealed hemoglobin of 8.5 g/dl, WBC of 26,500/mm3. CT of the abdomen identified multiple intra-abdominal masses in the greater omentum, anterior abdominal wall, and small bowel mesentery, with contained perforation of sigmoid diverticulitis. Due to the localized nature of the perforation, the patient was initially treated with antibiotics. However, given worsening symptoms and leukocytosis, the patient underwent CT-guided percutaneous aspiration of right and left omental mass. Histopathological examination showed no evidence of malignancy but an infection/inflammatory process. Tissue gram stain revealed filamentous organisms in the area suggestive for actinomyces colonies on H and E stain. The acid-fast stain was negative. Based on these findings, a diagnosis of abdominal actinomycosis was rendered. The patient was treated with IV ampicillin/sulbactam for 4 weeks followed by oral amoxicillin for 16 more weeks. On follow up, CT imaging showed significant interval improvement of the omental and anterior abdominal wall masses.

DISCUSSION: The case reported by us of abdominal actinomycosis aims to highlight the malignancy-mimicking clinical and imaging features of this disease with the clinical symptoms of weight loss, fatigue, chronic lower abdominal pain, and the imaging findings of an intraabdominal mass(es). The diagnosis may be confounded by abdominal malignancy. A biopsy can help ascertain the diagnosis and further guide the management, as in our case. Actinomycosis can be treated with long-term antibiotics and surgical debondment of the infected tissue. The prognosis is usually excellent in healthy patients, prompting the physicians to keep abdominal actinomycosis in the differential diagnoses of suspected abdominal malignancy.

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Bizarre Bariatric Complication With Small Bowel Obstruction in a COVID-19 Patient With Acute Abdomen
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INTRODUCTION: Gastrointestinal emergencies in the novel coronavirus pandemic present as acute abdomen in 4-5% of patients as gathered from emerging studies. Nausea, abdominal pain, diarrhea, rectal bleeding, dysgeusia, anorexia and jaundice have been recorded in these patients. Additionally there are cases with hemorrhagic gastritis, ischemia of bowel, and hepatitis often due to systemic immune complex phenomenon and thrombosis. We report a rare case of small bowel obstruction in a Covid-19 patient with a dislodged and migrated EG junction stent, initially placed to circumvent a leak at a prior gastrojejunal (GJ) bypass surgical revision, and then presenting to the emergency room with acute abdomen.

CASE DESCRIPTION/METHODS: A 54 year old woman underwent a routine laparoscopic GJ revision in 2/2020 after which she developed a GJ leak 2 weeks later warranting an esophageal stent placement. She was then discharged home, at the height of the Covid-19 outbreak in a pandemic hotspot. She developed a small intra abdominal abscess post op 2 weeks warranting hospitalization for drainage and discharged on antibiotics. 2 months later, she presented with nausea, malaise, vomiting and diarrhea followed by worsening RLQ pain. An Abdominal CT w/ contrast revealed an impacted stent in the distal duodenum with localized perforation and obstruction. After reporting generalized body aches and malaise at presentation, PCR testing revealed a positive Covid19 status. She underwent a successful emergency laparoscopic stent retrieval and repair, with no post op complications.

DISCUSSION: Covid19 gastrointestinal emergencies are common, and varied with a favorable prognosis in respect to initial presentation. Our patient had subtle nausea, emesis and eritets, as noted in 10-20% of patients with similar Covid presentation, which likely led to stent dislodgement and distal migration with subsequent bowel obstruction. Fortunately, her clinical course was mild so she was managed with optimal laparoscopic retrieval and supportive medical therapy after which she was successfully discharged from the hospital. Our case is unique in that an acute Covid19 case presenting concomitantly with post bariatric stent migration and bowel obstruction was successfully managed in a standard fashion during the height of a pandemic in a hotspot with staffing restrictions in place for routine emergencies. Though the exposure risk is high for medical staff, all such patients should be optimally managed like any Covid negative patients for optimal outcomes.

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Brown Bowel Syndrome as a Result of Chronic Bowel Obstruction
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INTRODUCTION: Brown bowel syndrome (BBS) is a rare condition characterized by deposition of lipofuscin in the smooth muscle cells of the muscularis propria and muscularis mucosa. This condition has been attributed to various chronic malabsorptive conditions that result in deficiency of vitamin E. Vitamin E normally acts as an antioxidant which helps stabilize the mitochondrial membranes. Lack of vitamin E leads to mitochondrial degeneration with release of lipofuscin that accumulates in the smooth muscle cells. This results in a form of myopathy with uncoordinated bowel function. There have been case reports of BBS attributed to celiac disease, IBD, chronic...