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 6 months. At 2 years follow up, the patient underwent CT-guided percutaneous aspiration of the right and left ovarian mass. Histopathology revealed 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 findings of an intraabdominal mass(es), findings of an intraabdominal mass(es), a diagnosis of abdominal actinomycosis was rendered.

DISCUSSION: Gastrointestinal emergencies are common, and varied with a favorable prognosis in respect to initial presentation. Our patient had subtle nausea, emesis and tinnitus, as noted in 10-20% of patients with similar Covd19 presentation, which likely led to stent dislodgement 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 jejunum with localized perforation and obstruction. After reporting generalized body aches and malaise at presentation, PCR testing revealed a positive Covd19 status. She underwent a successful emergency laparoscopic stent retrieval and repair, with no post-op complications.

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.

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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 debridement 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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