

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 ALOs present at the cervix as a commensal. ALOs may be reported on swabs or as an incidental finding from cervical samples for liquid based cytology..

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 immuno-suppressed women. Lesions usually contain other bacteria in addition to Actinomyces.

ALOs and Intrauterine Devices (IUD)

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-IUD, Mirena[®], Benilexa[®] or Levosert[®]) 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 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 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 IUD[®] is in situ, consider its removal: if removed, send the device for culture, stating that actinomyces culture is required. Antibiotic treatment may be considered and appropriate follow up planned e.g. contact patient within 2 weeks to ensure symptoms are resolving. Add to SC SHA Referral VD for follow-up.

References

FSRH Clinical Guidance Intrauterine Contraception March 2023 (Amended July 2023) [fsrc-clinical-guideline-intrauterine-contraception-mar23-amended-11jul2023- \(1\).pdf](#) 14.4.4 Pages 90 and 91. Accessed Sep 25 .

Appendix:

Standard Letters on NASH:

ACTINOMYCOSIS PATIENT LETTER

For appointments please telephone: 0141 211 8130 8:30am - 5:00pm
Nurse Helpdesk: 0141 211 8130 9:00am - 12:30pm and 1:00pm - 4:30pm

Date

Patient name/address

Dear Patient

Clinic Number: AN

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 smear test when notified.

Yours sincerely

Sandyford Sexual Health Services