RESULTADOS: An inflammatory mass, involving gastric wall, transverse colon and a segment of ileon was observed, and en bloc resection was made. Postoperatively, the patient evolved uneventfully and was discharged from hospital on day sixth. Evaluation of surgical specimen was diagnostic for Actinomicosis. A long course of antibiotics (amoxicillin) was administered and on 6 month follow-up the patient was disease free.

DISCUSSÃO: Abdominal Actinomicosis indolent course, and unspecific signs and symptoms, render pre-op diagnosis the exception rather than the rule. Due to its distinctive hallmark of tissue invasion and mass formation, it mimicks a neoplastic process, for which a high level of suspicion is strongly recommended. Resection surgery combined with a long course of antibiotics is, in most cases, curative.

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TÍTULO: An enigmatic case of abdominal tumor

OBJECTIVO: Actinomicosis is a rare granulomatous disease, caused by gram positive bacilli- Actinomyces spp, being A. Israeli responsible for most cases of human disease. Depending on its location, it takes on particular clinical aspects, and abdominal location is accountable for 20% of reported cases.

MATERIAL E MÉTODOS: We present the case of a 75 year old man, without prior medical history, presenting with abdominal wall tumefaction, with progressive growth, associated with weight loss (8kg in 3 months). Abdominal CT revealed a large epiploon densification, with extension to rectus abdominis and subcutaneous tissue. Percutaneous ecoguided biopsy was inconclusive, hence decision for excisional biopsy was made.