

INTRODUCTION

- Actinomyces are gram-positive anaerobic bacteria habitually found in the oral cavity, gastrointestinal and female genital tract.
- In rare cases, these bacteria may disrupt mucosal integrity and cause actinomycosis, a disease characterized by abscess and sinus tract formation, and fibrosis.

CASE REPORT

- History of Present Illness:
 - 50-year-old male with history chronic pancreatitis complicated by biliary stricture requiring serial biliary stenting presented to the hospital with abdominal pain, decreased appetite, weight loss, and low-grade fevers.
- Physical Exam: mild epigastric abdominal tenderness.
- Laboratory Data: lipase 105 U/L, AST 20 U/L, ALT 18 U/L, total bilirubin 0.7 mg/dL.
- CT abdomen: pancreatic head mass.
- MRCP: dilated intrahepatic biliary ducts, common bile duct of 11 mm with a stent in place, and intraluminal filling defects consistent of choledocholithiasis. Pancreatic head and body appeared bulky and heterogenous, whereas the pancreatic tail was atrophic. No focal liver lesions seen.
- EUS: calcific pancreatitis without solid masses.
- ERCP: biliary stent removed and sent for cytology.

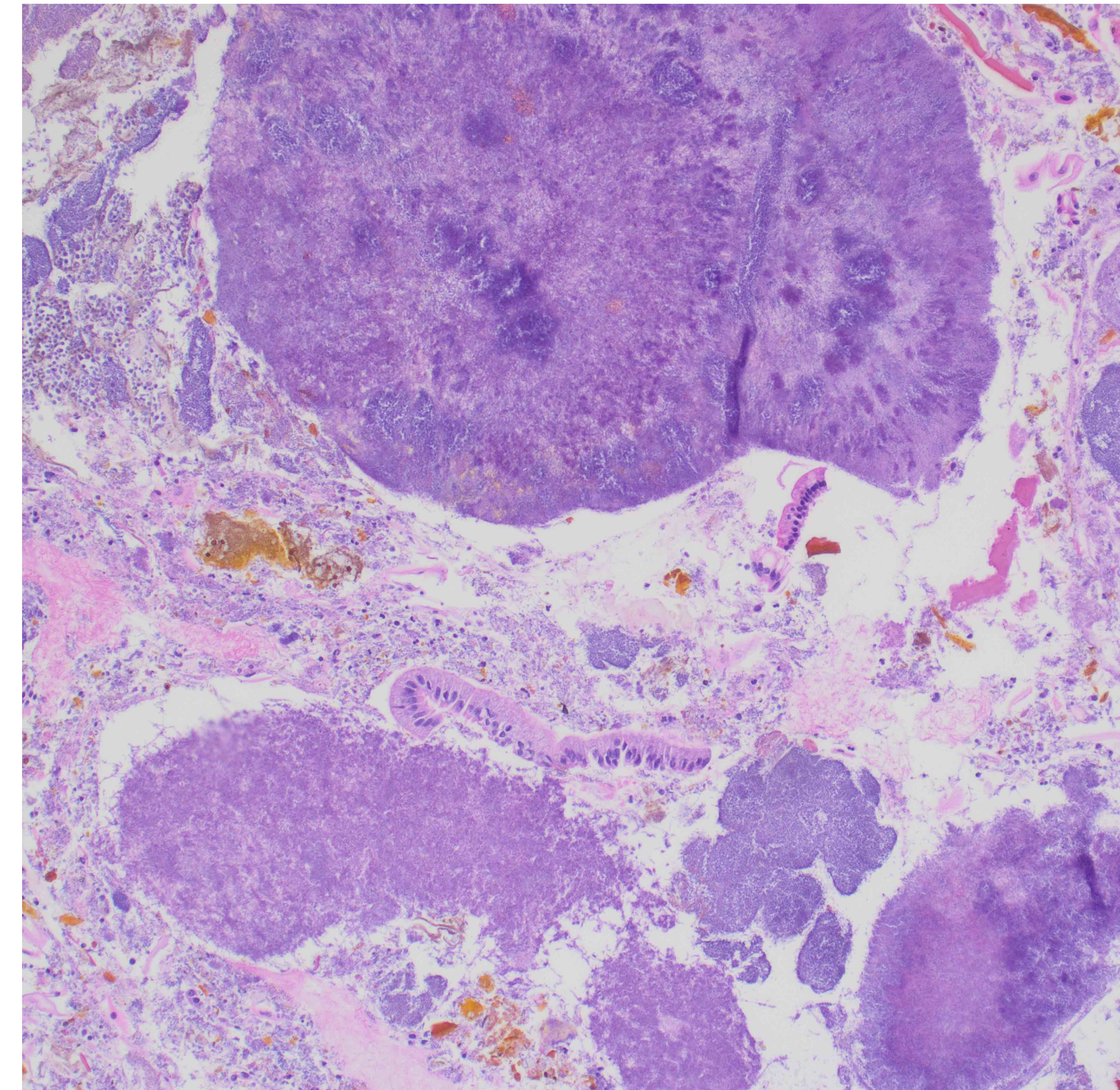


IMAGE 1

Cell block preparation of bile duct brushing (H&E stain, 100x) showing benign-appearing columnar/ductal epithelium with filamentous bacterial colonies, consistent with actinomyces.

CLINICAL COURSE

- Cytology was negative for malignancy; however, bacterial colonies of actinomyces were found.
- Infectious disease service recommended six weeks of ceftriaxone.
- After completion of treatment, his appetite returned, weight loss improved, and fevers resolved.
- Amoxicillin followed as maintenance therapy for approximately twelve months.

DISCUSSION

- The symptoms of pancreaticobiliary actinomycosis are non-specific, making the diagnosis difficult.
- Actinomycosis should be included in the differential diagnosis when a pancreatic or liver mass is found, especially in a patient with a history of pancreatic or biliary stenting.

CONCLUSION

- We suspect that the repeat cannulation of the bile duct during an ERCP may lead to mucosal disruption, allowing bacteria to infect the tissue.
- It is important for endoscopists to consider actinomycosis and pursue histopathological confirmation to prevent unnecessary surgical intervention.