

Actinomyces Clot in-transit from an Intrauterine Device

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1. Case Description

A 36-year-old female presented to the emergency department with shortness of breath, non-productive cough, and right shoulder pain that began three weeks prior to admission. She had a history of abnormal uterine bleeding requiring placement of a nonhormonal intrauterine device insertion ten years prior to admission. On physical examination, her temperature was 102.3 degrees Fahrenheit and her initial laboratory data demonstrated a leukocytosis of $32,000 \times 10^9$, Procalcitonin of 310 ng/mL, creatinine of 2.0mg/dL. Multiple SARS-CoV-2 polymerase chain reaction was negative [1] [Figures 1-3].

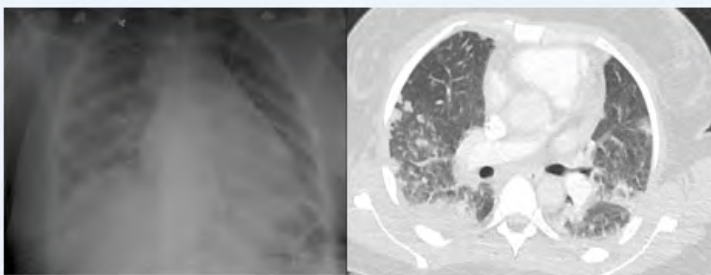


Figure 1: Chest radiograph on day of admission demonstrating diffuse bilateral opacities and enlarged cardiac silhouette. Computed Tomography with angiography demonstrating diffuse peripheral nodular opacities without evidence of pulmonary embolism and a large pulmonary artery.

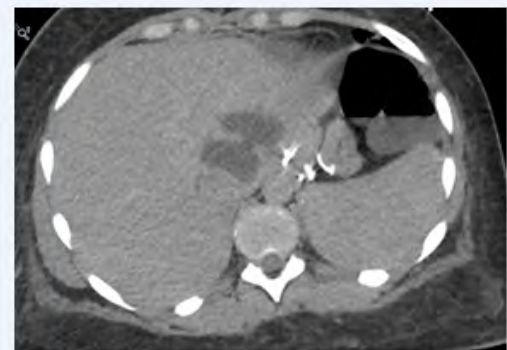


Figure 2: Triple phase CT scan of the abdomen and pelvis demonstrating two hepatic fluid collections with heterogenous rim, the largest measuring 5.1 by 4.6 cm in the left lobe.

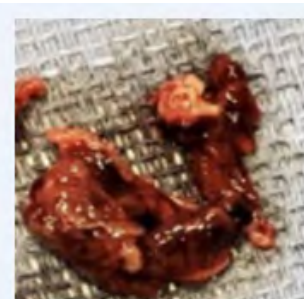


Figure 3: Gross image of evacuated septic emboli via suction embolectomy.

References

1. Zahra C. A Systematic Review of Case Reports of Hepatic Actinomycosis. *Orphanet Journal of Rare Diseases.* 2021; 16(1).