Case presentation
A 52 year old woman admitted due to intermittent vaginal discharge and bleeding and occasional abdominal discomfort. She had carried an IUD for over 15 years. On physical examination - an irregular stiff cervix and a frozen pelvis. US - a highly vascularized 3 cm mass on the posterior lip of the cervix penetrating the posterior fornix, rectovaginal septum, rectal serosa and the parametria bilaterally. There was a cystic lesion in the right ovary measuring 9*11 cm with hypoechoic fluid, thick avascular septa and no solid elements. The findings were in accordance with an advanced malignant lesion arising from the uterine cervix with parametrial and pelvic lymph node involvement. CT scans were consistent with the sonographic findings. Pathologic reports from cervical biopsies and ECC demonstrated fragments of severely inflamed cervical mucosa and bacterial colonies surrounded by granulocytes consistent with an Actinomyces infection.

Surgical exploration revealed a diffuse inflammatory process involving the pelvic organs. Total abdominal hysterectomy, bilateral salpingo-oophorectomy and a sigmoidectomy were performed. Pathologic specimens noted massive inflammation of the pelvic structures consistent with the primary biopsies and no malignant features.

Conclusion
Actinomycosis of the female pelvis is a rare disease often related to an indwelling IUD. Described in the literature as causing tumor-like structures resulting in bowel and urinary obstruction, and mimicking gynecologic malignancy.