



## **CERVICOFACIAL ACTINOMYCOSIS: A DIFFERENTIAL DIAGNOSIS OF MALIGNANT LESIONS**

Divino França (PUC-PR, Curitiba, PR, Brasil), Ana Luisa Garcia Giamberardino (PUC-PR, Curitiba, PR, Brasil), Patricia Arenas Rocha (PUC-PR, Curitiba, PR, Brasil), Valeria Midori Gutoski Yuki (PUC-PR, Curitiba, PR, Brasil), Laura Piccoli Silva Granero (PUC-PR, Curitiba, PR, Brasil), Gabrielle Tasso Gonçalves (PUC-PR, Curitiba, PR, Brasil), Izabelly Budnik Paitax (PUC-PR, Curitiba, PR, Brasil)

### **BACKGROUND**

Actinomyces is a chronic suppurative bacterial infection caused by the gram-positive anaerobic bacteria of the genus *Actinomyces* that colonizes the oral cavity, digestive tract, and genitalia, and can spread to the brain, lungs and digestive tract. It can mimic various conditions, especially malignancy and granulomatous disease. Any soft tissue swelling in the cervicofacial region should be considered as a differential diagnosis of Actinomyces. Predisposing factors include poor oral hygiene, facial trauma, diabetes mellitus, and malnutrition.

### **CASE REPORT**

Female, 17-year-old, Caucasian, single, from Curitiba-PR, referred from primary care to a quaternary hospital with severe neck pain and neck mobility limitation. The pain started six months after dental treatment. Patient searched other medical services in previous months, receiving symptomatic treatment with anti-inflammatories, but without significant clinical improvement. Admission: the patient was admitted to hospital with recurrent fever, weight loss and inappetence, associated with severe pain and hyperemia in the anterior cervical region. The possibility of neoplasia was suggested. Physical examination, the patient presented abscesses with thick yellow exudates associated with edema and suppurative and granulomatous inflammation in lateral cervical trigone region. No adenomegalies were present. No particularities in renal and hepatic function tests. Smoking, alcoholism, hemotransfusion, tuberculosis and other previous diseases were denied. The diagnosis was confirmed by the growth of *Actinomyces rauii* in anaerobic culture media. Intra-hospital treatment with penicillin G, 2 million IU IV was administered every 4 hours. After discharge, home treatment with amoxicillin 1500mg per day was initiated for a period of six months.

### **CONCLUSION**

The diagnostic hypothesis of Cervicofacial Actinomyces should be considered in cases of palpable edema or nodule in the cervicofacial region as a differential diagnosis of malignant lesions.