

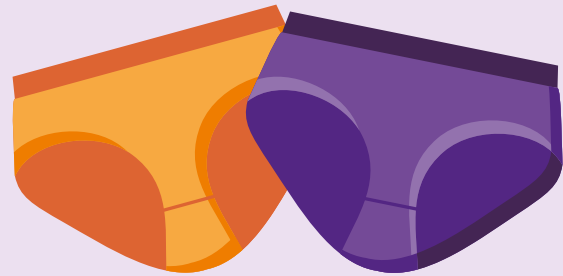


Actinomyces, ALOs & Intrauterine Devices

What is Actinomyces and what are ALOs?

Actinomyces is a bacteria found in the mouth, bowel and female genital tract. It is generally harmless. It is not a sexually transmissible infection.

ALOs stands for actinomyces-like organisms (ALOs).



Sometimes, women who have an IUD in place have ALOs seen on a Pap smear slide. Women who have had an IUD in place for greater than four years are more likely to have ALOs reported on their Pap smear.

The significance of the ALOs when seen on a smear remains unclear. It is thought that the ALOs are usually just present in the area of the IUD string in the canal of the cervix and don't cause any problems. In some cases the ALOs seen on the slide may not even be actinomyces itself. Unfortunately actinomyces is very difficult to confirm, even by trying to grow it from a swab.

Whilst in the majority of women problems are unlikely, there have been occasional cases reported where women have serious pelvic infections associated with actinomyces, which have been complicated by the formation of an abscess.

What would be symptoms of concern?

Most women who have an IUD and have ALOs don't have, and will probably never have, a pelvic infection.

Although the development of pelvic infection with actinomyces is very rare, it should be excluded in any woman with an IUD who has ALOs identified on a Pap smear. The initial symptoms of such infection may include an offensive discharge or unusual bleeding or lower abdominal or pelvic area pain, particularly on intercourse. Feeling generally unwell or feverish can also be symptoms of pelvic infection.

You should seek medical attention promptly if you develop any of these symptoms.



What are my options?

There is no general consensus on management of ALOs amongst medical experts. In general, True does not recommend either antibiotic treatment or removal of your IUD if there is no evidence of pelvic infection from your history or examination. However, if you are concerned about the risk of pelvic infection developing in the future, an option is to have your IUD removed.

If the IUD is removed, ALOs are shed from the cervix within the following 1–2 months. A new IUD can be inserted 2–3 months after removal. A follow up Pap smear does not need to be undertaken prior to reinsertion unless you initially had symptoms or signs of an infection. It is important to use an alternative method of contraception during the time your IUD is removed.

If the ALOs have been found when you were due for an IUD change and you do not have any signs or symptoms of infection, then you do not have to delay the IUD replacement or have further testing.

If you have had a PAP smear, your accompanying letter outlines what your health professional recommends you do. In some cases the accompanying letter will ask you to come back to the clinic to ensure that a doctor undertakes further assessment for pelvic infection if this did not occur when your Pap smear was collected.

If you have any evidence of pelvic infection with actinomyces then referral to a specialist for antibiotic management, as well as removal of the IUD, will be recommended.



True clinics provide excellent advice by specialist trained clinicians.

Visit our website for details of clinic locations.

true.org.au