

EP16.05

Actinomyces infection in women using copper intrauterine device (IUD) in a primary care health center

S Reviriego, M Fernandez, Cristina Navarro

Distrito Sanitario Costa del Sol, Centro de Salud Las Lagunas, Mijas, Spain

Corresponding author: Miss Cristina Navarro, Distrito Sanitario Costa Del Sol, Atencion Primaria, Fuengirola, Spain. E-mail: Cnrobles86@gmail.com

Introduction: It is important to evaluate the Actinomyces infection and its associated elements in women of our area using copper IUD, to know the magnitude of this problem and know how to handle it.

Objectives: Knowing the prevalence of Actinomyces detection on Pap smear, as well as the treatment used, relapse after treatment and existence of co-infections in women using copper IUDs in our area.

Method: Observational descriptive study of women using copper IUD attending Pap smear screening during the period 2013-2015.

Results: We have a sample of 640 women using copper IUD. It is observed that the prevalence of Actinomyces detection is 5'6%, being a 3% of them asymptomatics. A 27'7% of them received no treatment, 66'6% were treated with amoxicillin-clavulanate and 5'5% used doxycycline, getting a negative Pap smear control in the 65'4% of women. A 16.6% showed some added coinfection. The copper IUD was removed in 8'3% because of menopause in women where Actynomices was detected and 11'1% because of gestational desire.

Conclusions: The prevalence of women with copper IUD in our area that associates Actinomyces infection stood at 5'6% in the past two years, the majority of them were asymptomatic and used amoxicillin-clavulanate as the first choice of treatment with good control. The copper IUD removal in our patients was not conditioned by infection, having other reasons for its removal. Coinfections were detected caused by Gardnerella vaginalis, Trichomonas vaginalis, Herpes simplex, Chlamydia and Candida The use of copper IUD is an important risk factor for Actinomyces infection, so periodic reviews should be done to allow diagnosis and proper treatment to avoid possible complications arising. It would be relevant to adjust the antibiotic treatment to the existence of signs and symptoms of infection, as well as educate patients on the symptoms that should be communicated early.