

Abstract

Pulmonary actinomycosis, a rare chronic granulomatous infection caused by *Actinomyces*, often presents diagnostic challenges as it mimics various respiratory diseases. We report a case of a 54-year-old previously apparently well woman initially misdiagnosed with community-acquired pneumonia. Detailed evaluation, including sputum microscopy and radiological findings, led to the diagnosis of pulmonary actinomycosis. Prolonged treatment with co-amoxiclav resulted in significant clinical improvement. This case emphasizes the importance of considering pulmonary actinomycosis in patients with unresponsive respiratory symptoms, particularly when risk factors like poor oral hygiene and bronchiectasis are present. It also highlights the need for prolonged antibiotic therapy to prevent complications in mild to moderate cases, especially in resource-limited settings where invasive investigations are not readily available.