

## **7. INTERESTING CASE PRESENTATION: PUERPERAL SEPSIS**

A post-partum day 10 primi-para patient who was delivered in a Government hospital was admitted at Parul Sevashram Hospital in shock with Acute renal failure.

According to the history given by her relatives, she developed disorientation, breathlessness and fever 3 days after her delivery. She was then taken to a Government hospital with the above complaints but her condition further deteriorated and then the patient was brought to Parul Sevashram hospital for further management.

She was admitted to ICCU. On admission, her general condition was very poor. She was breathless, rowdy and running temperature of 101 degrees with raised creatinine value. Soon she became tachypnoeic and with decrease in SPO2 was put on ventilator support. Urgent sonography was performed and showed retained products in uterine cavity with ascites.

On per abdominal examination, her abdomen was tense with guarding present. On local examination, the episiotomy wound was unhealthy with a very foul smelling liquor. On per vaginal examination, Os was open and uterus was bulky and tender. Decision was taken for an urgent Dilatation and Evacuation.

In the operation theatre, ballooning of posterior vaginal wall was seen. Ascitic tapping was done which showed frank pus. Decision for Colpotomy was taken.

On Colpotomy, around 1000 ml of purulent discharge gushed out from the peritoneal cavity. D & E was done and retained material was sent for histo-pathology. The Ascitic purulent material and Colpotomy pus was sent for culture and sensitivity.

Post-operatively, she was shifted to ICCU on ventilator support. After her pus culture report, she was

shifted on to the appropriate antibiotics and her condition started improving. After around 25 days of ICCU stay, she was shifted to ward in stable condition. In between, she also developed Deep Vein Thrombosis in her right lower limb, which was managed accordingly.

Patient was discharged in stable condition and her follow up visits were also uneventful.

## **DISCUSSION:**

Despite significant advances in diagnosis, medical management and antimicrobial therapy, sepsis in the puerperium remains an important cause of maternal death and affects an average of 6 to 9 women in every 1000 deliveries.

Severe sepsis with acute organ dysfunction has a mortality rate of 20-40%, rising to around 60% if septic shock develops. Sepsis may be defined as infection plus systemic manifestations of infection. The definition of Severe Sepsis includes organ dysfunction or tissue hypo-perfusion. Septic shock is defined as persistence of hypo-perfusion despite adequate fluid replacement therapy.

Symptoms of puerperal sepsis may be less distinctive than in the non-pregnant population and not necessarily present in all cases, therefore a high index of suspicion is necessary. It is an important morbid condition having consequences on both foetal and maternal outcomes. In the mother, some of the immediate consequences include, septicaemia, endotoxic shock or the development of peritonitis or abscess formation leading to surgery.

*\*Attending Clinicians were Dr. S. L. Pagi, Professor and Head & Dr. Noopur Nagar, Junior Resident Dept. of Obstetrics & Gynecology, PIMSR*