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Poster Number: EP 155 Name: DR VISHNOI JAYSHREE ANIL;DR DEWANSHI TREHAN ;
DR ROHINI NS ; DR UNMESH SANTPUR ; DR CHARU CHANDRA ; DR KAVITA CHANDNANI.
DEPT. OF OBGY;ANANTA INSTITUTE OF MEDICAL SCIENCES AND RESEARCH CENTRE

TITLE:SEVERE PUERPERAL SEPSIS IN A MULTIPARA LEADING TO OBSTETRIC HYSTERECTOMY.

INTRODUCTION

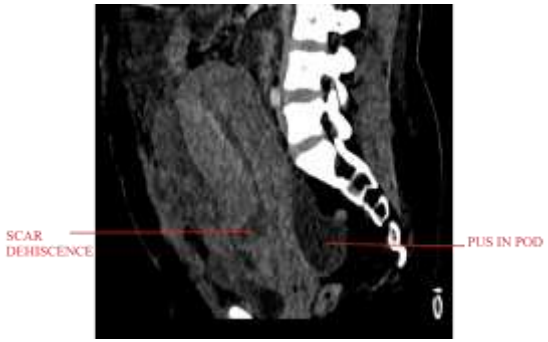
Puerperal Sepsis remains one of the foremost causes of preventable maternal death worldwide even decades after the advent of effective low-cost novel antimicrobials. In developing countries like India, where the paramount impediment to intervention is poverty, maternal mortality due to sepsis is a continuing representation of maternal health inequality. Puerperal sepsis is an important cause of postpartum morbidity and mortality. The surgeon is left with a difficult dilemma: remove the infection source (uterus) to preserve the life of the patient at the cost of her fertility, or preserve the uterus and fertility but risk worsening infection and possible death for the patient.

OBJECTIVES: To identify the risk factors associated with peripartum hysterectomy in puerperal sepsis

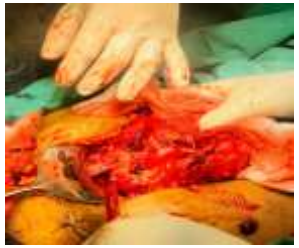
CASE REPORT

A 29-year-old multipara came on post op day 7 of emergency LSCS done for prolonged PROM with severe oligohydramnios with complaints of fever and abdominal distension. On examination uterus was about 18 to 20 weeks size, tender. Lochia was foul smelling
Ultrasound revealed hepatosplenomegaly, cholelithiasis and gall bladder sludge, with bilateral pleural effusion, bulky uterus with endometritis, scar dehiscence. USG guided aspiration was done where purulent fluid was drained and sent for culture sensitivity where MRCONS (methicillin resistant coagulase negative staphylococci) were isolated.

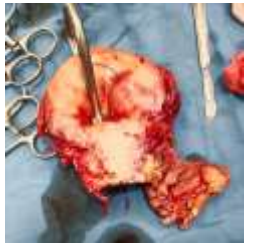
CT REPORT Post cesarean scar dehiscence / rupture along the margins of scar on both side communicating with the peritoneal cavity and endometrium.



The patient underwent subtotal hysterectomy, there were pus filled pockets seen intraoperatively sent for culture sensitivity where klebsiella species were isolated. Examination of the uterus revealed a partial lower uterine dehiscence with marked fragility and the presence of necrotic tissue at the lower uterine segment and surgical margins.



INTRA OP PICTURE SHOWING SCAR DEHISCENCE WITH NECROTIC TISSUE



SPECIMEN

Final histopathological examination of uterus and cervix showed endometritis with scar dehiscence. Further postop surveillance was continued and was uneventful.

DISCUSSION

The demographic and clinical characteristics associated with complications that lead to hysterectomy in patients with puerperal sepsis are; age 30 years or more, multiparity, low socioeconomic status, caesarean delivery and presence of necrosis intra operatively. These findings were consistent with studies done across the world by Bauserman et al; Qatawneh et al; Rwabizi D et al in low resource countries like Ethiopia, Rwanda, Sub-Saharan Africa, Congo and India.
Our patient was around 30 years, multipara from low SES, had undergone a LSCS for prolonged PROM and necrosis was present intra operatively which was consistent with the above studies

CONCLUSION

Emergency peripartum hysterectomy secondary to puerperal sepsis is a significant source of maternal morbidity and mortality in low-resource settings. To prevent unnecessary emergency peripartum hysterectomy in low-resource settings, it is important to prevent, recognize, and quickly treat puerperal sepsis, especially for patients undergoing cesarean delivery, which carries a much higher risk of infection compared to vaginal delivery.

REFERNCES : Kaur H, Kaur S, Mattu S, Nandrajog A. Burden of puerperal sepsis and its relation with maternal mortality. International Journal of Reproduction, Contraception, Obstetrics and Gynecology.;12(10):3104

Marwah S, Topden SR, Sharma M, Mohindra R, Mittal P. Severe puerperal sepsis-a simmering menace. Journal of clinical and diagnostic research: JCDR. 2017 May;11(5):QC04

Bauserman M, Thorsten VR, Nolen TL, et al. Maternal mortality in six low and lower-middle income countries from 2010 to 2018: risk factors and trends. Reprod Health. 2020;17(3):173. doi: 10.1186/s12978-020-00990-z