

Introduction:

Toxic Shock Syndrome (TSS) is a critical multiorgan illness with sudden onset and rapid fatal deterioration. The Literature review highlights its varied etiology ranging from menstrual tampon use to nonmenstrual, postpartum, post-operative and other infected cutaneous sources like burns, wound and abscess. It is caused by an infection with gram positive cocci like Group A Strep or Staph Aureus and although the presenting symptoms may be quite nonspecific it is typically characterized by aggressive progression to shock and leading to multiorgan failure. Prompt surgical intervention may be needed to remove the focus of infection if identified along with aggressive resuscitation and supportive therapy in an intensive care Unit setting.

Aim:

To emphasis incidence of near fatal TSS associated with the use of tampons during menstrual period few days prior to the clinical presentation along with one-day history of a left labial abscess leading to eventually leading to multiorgan dysfunction and DIC in a an otherwise healthy young patient. We highlight this rare yet existent acutely deteriorating fulminant sepsis .

Case Report:

This is a case of 21yr healthy nullipara who presented unwell in septic shock with an acute renal impairment and DIC needing ionotropic support which was attributed to small 2-3 cm labial abscess and recent history of tampon use. She presented with fever, photophobia, vomiting, feeling extremely unwell with malaise and a generalized erythematous rash for 2-3 days which are cardinal signs of TSS(1) and one-day history of labial swelling. Clinical examination findings of hypotension needing vasopressor support, tachycardia, tachypnea and high-grade fever with photosensitivity and raised lactate were consistent with septic shock. A negative lumbar puncture ruled out meningitis. A complete septic screen confirmed the small left labial abscess as the only source of infection. Prompt Incision and drainage of the labial abscess along with aggressive antibiotic cover and appropriate vasopressor support led to complete recovery. The wound swab taken from the labial swab confirmed Methicillin Resistant Staph Aureus as the pathogenic organism confirming TSS.

Discussion:

Common commensals of body like staphylococci are opportunistic pathogens. However, the pathogenic expression leading to critical septic shock in an otherwise healthy young individual adds challenges to diagnosis. It is important to be aware of the association between tampon use and staphylococcal sepsis as evident in first case in 1978.(2) There has been a significant decline in TSS with a change in tampon absorbent material however not completely eliminated. This case once again warrants a vigilant identification of septic foci like a small labial abscess and aggressive management with resuscitative appropriate antibiotics for quick and complete resolution of muti-organ dysfunction and curtail mortality.

Conclusion:

Toxic Shock Syndrome is a rare but potentially life-threatening complication which can be caused by Staph Infection. Early Identification with high index of suspicion and prompt surgical intervention in selected cases along with supportive multidisciplinary care can lead to a rapid resolution and avoid significant complications. This case re-emphasizes association of tampon use and importance of early surgical intervention along with Optimal Intensive Unit Care leading to good patient outcome in a condition known to be associated with significant morbidity and mortality.

Reference :-

- 1)Centre for Disease Control and prevention. Toxic shock syndrome:2011case definition.
- 2)Todd et al. Lancet 1978;2:1116.

