

A Rare Cause of Abdominal Pain Post Caesarean Section

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Case

- 30 yo G3P1 presented in spontaneous labour planning a VBAC at 40 weeks gestation
- Subsequently underwent emergency caesarean section for fetal distress – surgical finding of small area of central dehiscence
- Uncomplicated caesarean section, recovered well, discharged home on day 2 post partum
- Represented day 4 post partum
 - Generally unwell, abdominal pain, urinary retention
 - Tachycardic with low grade fevers
 - Leucocytosis, neutrophilia, raised CRP of 153
 - Plan radiograph of chest and abdomen did not find any cause
 - CT abdomen/pelvis showed free fluid only
 - Received intravenous antibiotics and supportive cares
- Day 6 post partum nil improvement
 - Diagnostic laparoscopy with general surgeons – widespread fibrin deposits, turbid fluid, inflamed appendix, extensive washout and appendicectomy
 - Histology in keeping with vernix caseosa with inflamed appendix
 - Recovered rapidly post op
- Returned 4 years later for elective caesarean section – uncomplicated, minimal adhesions and no representations post partum

Vernix Caseosa Peritonitis

- Rare complication – more often occurs in the days to weeks post seemingly uncomplicated caesarean section
- Presents as acute abdomen, non specific symptoms/signs
- Can result in surgery for cholecystectomy, appendicectomy, even bowel resection
- Common surgical findings: widespread fibrinous deposits on visceral/parietal peritoneum
- Mechanism unknown
- Few cases in the literature, nil describing repeat pregnancy and surgical findings
- Important differential to consider in the patient with an acute abdomen post partum especially if imaging shows non specific changes
- Histopathological findings showing an acute, chronic, or mixed inflammatory infiltrate centered on anucleate fetal squamous cells, depending on the time from exposure to diagnosis