

Post-mortem diagnosis of a case of Disseminated Tuberculosis in pregnancy

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Introduction

- Tuberculosis is a health hazard in pregnancy despite BCG vaccination due to immune-compromised status.
- Disseminated Tuberculosis (DTB) can cause deleterious effects on maternal and fetal outcomes.
- We present a case of DTB, diagnosed following a maternal death due to TB complicated by bacterial sepsis.

Case History

- 26yr, thin-built primigravida.
- Developed severe hyperemesis gravidarum and weight loss in the 2nd trimester.
- Control was achieved only with a course of steroids.
- Pre-pregnancy - investigated for hoarseness of voice and had a normal clinical evaluation.
- Developed preterm prelabour rupture of membranes at 27 weeks of gestation with ultrasound diagnosis of IUGR.
- IM dexamethasone given for fetal lung maturation.
- Due to maternal pyrexia and abnormal fetal doppler studies on the 3rd day, an EM/Hysterotomy done.
- Stillborn baby delivered.
- Same day postpartum, she developed gram-negative sepsis and was managed in ICU.
- While being clinically improving, on postpartum day 10, she developed a high fever, abdominal distension, and radiological evidence of bowel perforation.



Figure 1 – macroscopic view of intestine with ulcerations

- Two mid-ileal perforations without fecal peritonitis were noted at laparotomy.
- The wound edge was biopsied and repaired.
- Patient demised on post-operative 3rd day due to complications of sepsis.
- Post-mortem findings were compatible with DTB with involvement of small intestine and larynx.

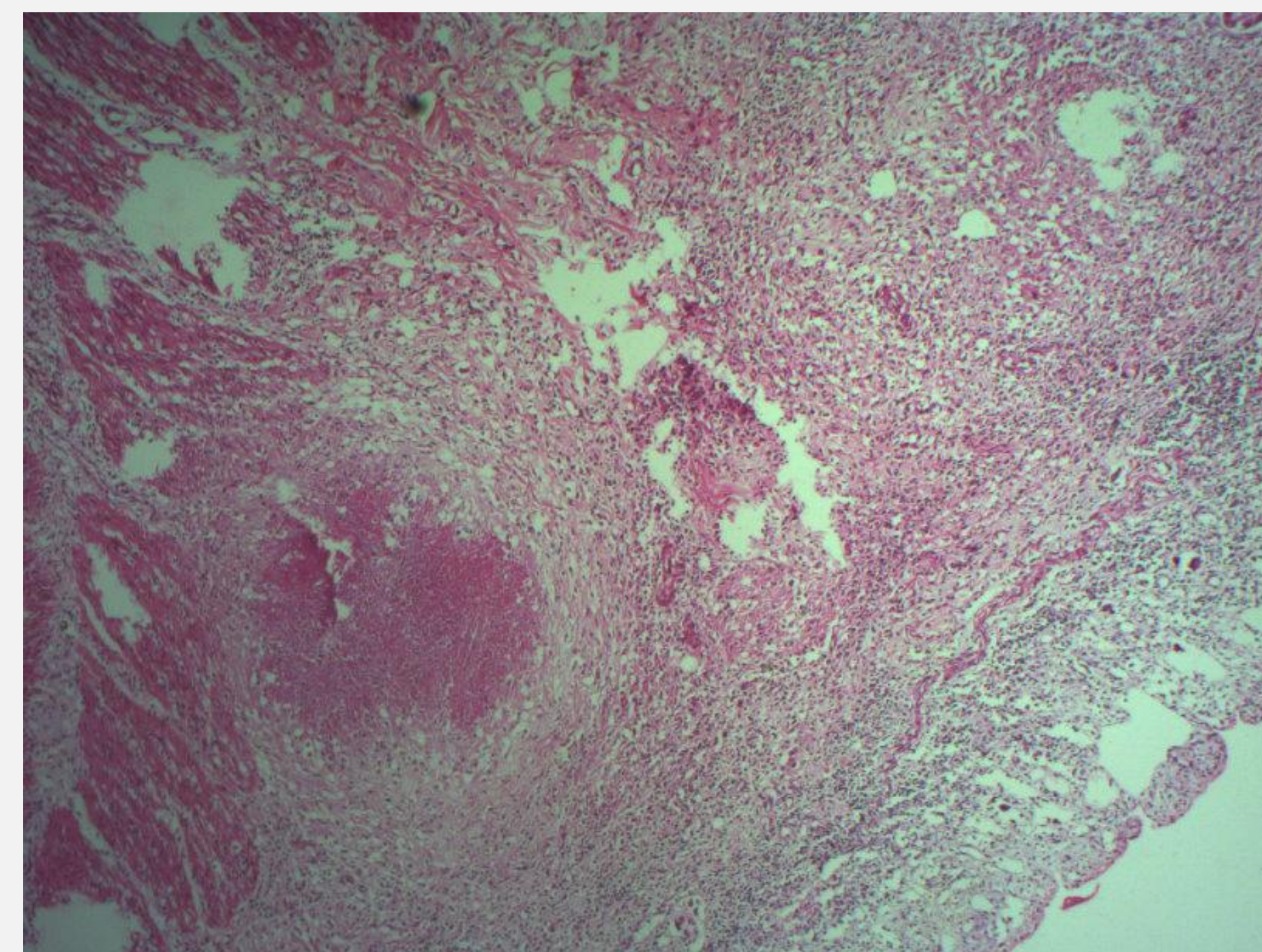


Figure 2-
microscopic
view of small
intestine (x40)

Discussion

- Th1 cellular suppression in pregnancy can result in reactivation of a dormant TB focus and should be considered in the differential diagnosis of acute febrile conditions with weight loss.
- In our case, commencing a steroid course in the background of already immunocompromised state might have caused reactivation of TB.
- However, she didn't have clinical/ radiological evidence of pulmonary/ extra-pulmonary TB till demise except weight loss.
- Mantoux test Interpretation in pregnancy is challenging.
- Therefore histological confirmation in affected tissue would be a better option for diagnosis.
- Acute presentation in the case patient, makes demonstration of organism in initial phases difficult.
- In puerperium, Th1 suppression reversal can increase susceptibility to reactivation of TB. Vigilance of clinicians is of paramount importance to suspect this phenomenon.

Conclusion

- DTB can cause high morbidity and mortality during pregnancy.
- Low threshold for initiation of empirical treatment for TB should be considered in atypical acute febrile conditions presenting in pregnancy