

Infection: A Major Cause of Secondary Postpartum Haemorrhage

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Objective

Unusual presentation with major PPH nine days after deliver due to infected perineal tear.

Case Report

26 years old Primigravida sustained a fourth-degree tear after spontaneous vaginal delivery. Examination under anaesthesia revealed - completely torn external anal sphincter, more than 50% intern anal spinster tear and 2 cm of rectal mucosa tear. She received antibiotics in theatre followed by two more doses postoperatively. She was discharged home with follow-up. However, on 9th Postoperative day, she presented to Accident and Emergency with profuse painless rectal bleeding. Immediate resuscitation was commenced, and blood products were arranged. An urgent CT angiogram was arranged demonstrating an arterial bleed. In view of continued bleeding and CT findings, decision was made for Examination under Anaesthesia and flexible sigmoidoscopy with the surgical team.

In theatre, no obvious source of bleeding was identified on sigmoidoscopy / colonoscopy. A Senstaken -Blakemore tube for placed for tamponade, which controlled the haemorrhage. However, the following day, she continued to bleed per rectum. She was taken back to theatre due to haemodynamic instability and a second look with sigmoidoscopy revealed an arterial bleed at the apex of the original suture line. Haemostasis was secured by placing further continuous sutures. In total she received 9 RBCs and 4FFPs, and a single pool of platelets.

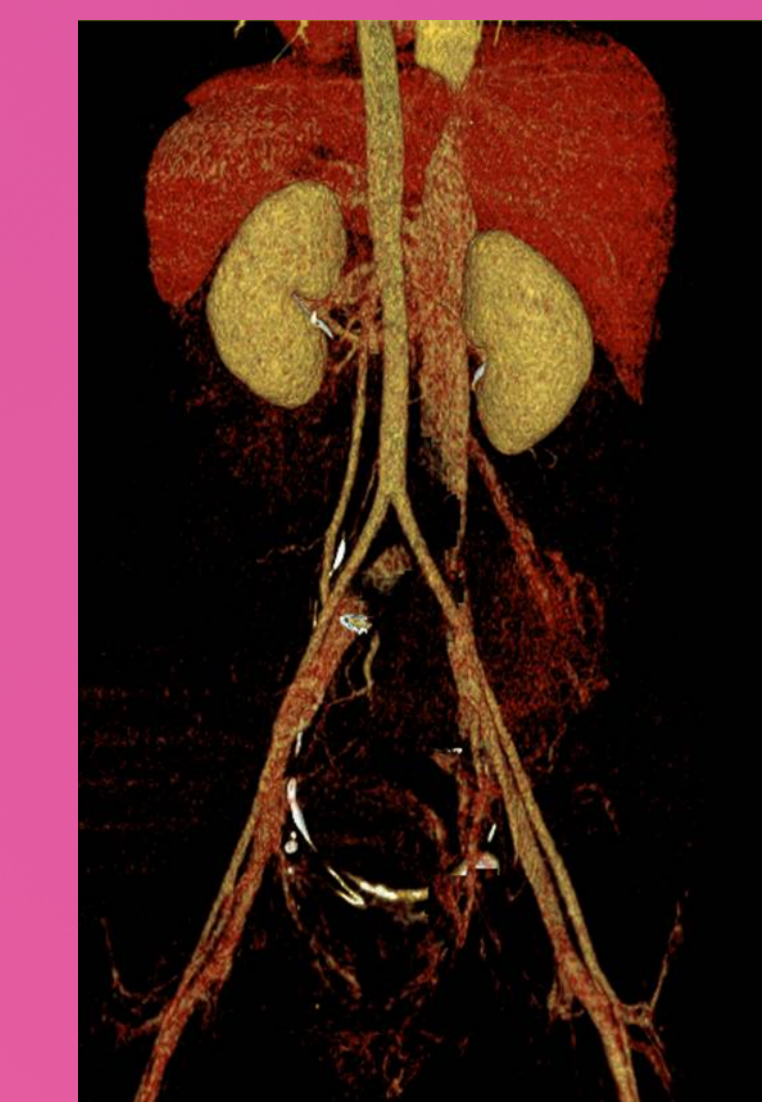
Postoperatively she was managed by the MDT and made a good recovery.

Discussion

We have presented a unique case of significant rectal bleeding postnatally, after acquiring a fourth degree tear. This required surgical intervention twice and multiple blood transfusions. The main cause of bleeding was thought to be infection and erosion of the perineal wound. In view of this significant case, the local guideline was changed to give antibiotic prophylaxis for one week after 3/4th degree tears.

Conclusion

Incidence of Obstetric anal sphincter injuries (OASIS) is 2.9%. Women who sustain OASIS are at high risk for the development of wound complications in the early postpartum period, warranting immediate management and consistent follow-up. Infection is the major cause of perineal breakdown. Antibiotics prophylaxis has shown to reduce the risk however data is limited.



References

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