

Pregnancy associated Listeriosis- an uncommon cause of fever in pregnant women

Objective:

Listeriosis is a rare foodborne infection caused by *Listeria monocytogenes*. Pregnancy associated Listeriosis accounts for about 35% of all the cases of Listeriosis globally. Early diagnosis and prompt antibiotic treatment is crucial as it can be associated with a neonatal mortality rate of 30%. The diagnosis is challenging because of the nonspecific clinical presentation. This case details the course of pregnancy associated Listeriosis we encountered in our hospital and emphasizes the importance of prompt diagnosis and treatment to aid good outcome.

Case report:

A 30 years old Omani lady, Gravida 5 Para 3 presented to our emergency at 34 weeks of gestation with complaints of fever, loose stools, lower abdominal pain and reduced fetal movements. Her antenatal course was uneventful apart from Gestational Diabetes Mellitus. Her past medical surgical and obstetric history was unremarkable. Clinical examination was unremarkable apart from pyrexia (38.4) and tachycardia. Obstetric ultrasound and cardiotocogram was reassuring. Work up for fever was initiated and she was started on empirical parenteral antibiotics (Ceftriaxone and metronidazole). The initial labs reported Hb 9.7 g/dL, WBC 9.8×10^3 /UI, Absolute Neutrophil count 6.3×10^3 /uL, CRP 15.5 mg/L and Lactic Acid 1.2 mmol/L. The Infectious disease team was consulted and provisional diagnosis of Listeriosis was made. The antibiotics were altered to Ampicillin and Gentamycin while awaiting blood culture results. Blood culture reported Gram positive bacilli which supported the diagnosis of Listeriosis. On day 2 of hospitalization, she went into preterm labor. The cardiotocogram showed variable decelerations. Amniotomy was performed and revealed thick meconium. In view of the non reassuring cardiotocogram, unfavorable cervix with thick meconium, decision was taken for emergency caesarean section. She delivered a baby girl weighing 2.4 Kg, Apgar 9, 10 and normal pH. Caesarean section was complicated by uterine atony and post partum hemorrhage of 1.4 Litres. The Baby was intubated because of respiratory distress and was started on antibiotics and surfactant. The neonatal laboratory tests were normal apart from raised CRP. The final results of the maternal blood culture revealed the growth of *L. monocytogenes*. Post operatively the symptoms improved and the inflammatory markers started trending down. The blood cultures repeated were negative. Echo ruled out any evidence of infective endocarditis. Gentamycin was switched off on day 7 post op and Trimethoprim/Sulfamethoxazole was added. The placental histopathology demonstrated severe acute chorioamnionitis and acute funisitis. The placental culture grew *L. monocytogenes*. The patient was discharged home in stable condition on day 14 post op. The baby was also discharged home stable on day 7 with negative blood culture results.

Discussion & conclusion:

Pregnancy associated listeriosis should be considered as a differential diagnosis of fever in pregnant women and prompt antimicrobial therapy should be initiated. This case also highlights the importance of awareness of food borne infections in pregnant women.

