

Disseminated candida peritonitis after a fully dilated caesarean section, following failed instrumental delivery

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Background

- Literature review does not report any similar cases of pregnancies complicated by fungal peritonitis.

Objective

- To present a rare case of disseminated fungal peritonitis after an uncomplicated caesarean section.



Discussion

- Disseminated fungal infections are known to be opportunistic.
- Whilst these are usually seen in immunosuppressed patients, ours was low-risk with normal cultures and swabs post-operatively.

Conclusion

- Fungal peritonitis should be considered as a potential rare cause of post-operative sepsis.
- Earlier intervention is key to minimise patient morbidity.

Patient Journey

INITIAL ADMISSION

24 year old
G1P0, 40+8
Presented in spontaneous labour

2cm to full dilatation in 6 hours
Epidural in situ

Prolonged deceleration at full dilatation
Failed attempt at instrumental
Uncomplicated EMCS, EBL 550mls
Surgicel applied

Uneventful recovery, discharged (day 2)

READMISSION

Re-admitted (day 4) with **fever** and **rigors**
Sepsis protocol including IV antibiotics
Raised CRP, negative cultures and swabs

Ultrasound: 11 x 0.7cm collection anterior to uterus, likely related to surgical
CT scan: significant abdominopelvic free fluid and fat stranding, suggesting peritonitis

Interventional radiology – ultrasound-guided drainage under local anaesthetic, straw-coloured fluid
Symptomatic relief but ongoing fevers

Further CT scan: increasing amount of free fluid with suggested infection
Wider port drain inserted

DEFINITIVE MANAGEMENT

Midline laparotomy and peritoneal lavage due to worsening of symptoms (day 17)
Large subhepatic collection and drainage of 700mls viscous yellow fluid

Minimal clinical improvement post-operatively
Fluid cultures grew **candida**

Antifungal medication commenced (day 21)
Dramatic improvement on ketoconazole

Discharged from hospital (day 39)