

A Case of Afebrile Sepsis Following Cesarean Section in a 37-Year-Old Female

S. Shittu, S. Athar, M. Chaponda, K. Masalmani, L. Ansari
Department of Obstetrics and Gynecology, Al Wakra Hospital, Hamad Medical Corporation, Qatar

BACKGROUND

Sepsis remains a leading and potentially preventable direct cause of maternal mortality globally. Pelvic abscess following caesarean section is an uncommon complication of surgical site infection leading to maternal sepsis especially in developed countries and can present a diagnostic dilemma especially in the absence of fever. It is rare for it to develop within 5 days following surgery. Our case report demonstrates that early recognition and prompt treatment of maternal sepsis in women with atypical presentation is key to successful clinical outcome.

CASE PRESENTATION:

A 37-year-old female, para one, presented at 39 weeks and 4 days of gestation with diminished fetal movements, leading to an emergency cesarean section due to failure of descent.

She had a stable immediate postoperative course and was discharged on postoperative day 2.

However, on postpartum day 5, she returned to the emergency department with abdominal pain, urinary retention, and constipation. Examination revealed tachycardia (heart rate 118 bpm) and hypotension (blood pressure 98/61 mmHg), although she was afebrile (temperature 37.4 °C).

Admission lab results showed elevated inflammatory markers: CRP 323 mg/L and WBC count $26.1 \times 10^3/\mu\text{L}$. Imaging revealed a hypoechoic collection in the lower uterine segment, suggestive of a hematoma with signs of infection.

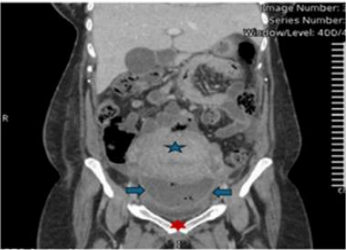
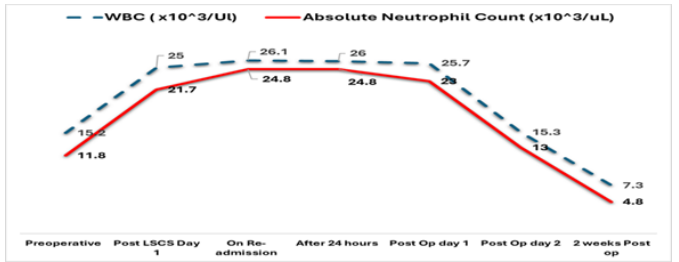
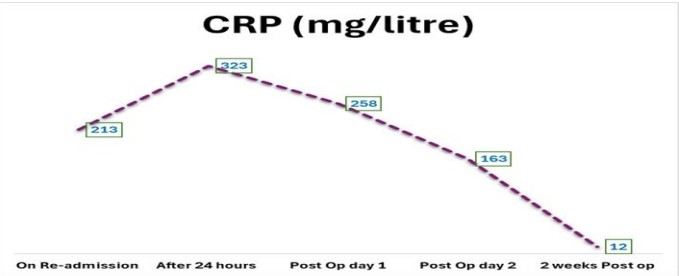
Initial conservative management included IV fluids and broad-spectrum antibiotics. Despite remaining afebrile, surgical management was challenging due to persistent symptoms suggesting peritonitis, which ultimately led to surgical drainage.

Approximately 350-400 mL yellowish-brown seropurulent fluid was evacuated. Blood cultures revealed the presence of *Bacteroides fragilis*, prompting a modification of the antibiotic regimen based on the organism's sensitivity.

By postoperative day 2, CRP decreased to 163 mg/L, and WBC count reduced to $15.3 \times 10^3/\mu\text{L}$.

The patient was discharged on postoperative day 4 with a two-week course of antibiotics and scheduled follow-up with the Infectious Diseases and Obstetrics teams.

The surgical intervention, although challenging, proved worthwhile given the patient's improvement.



CT scan abdominopelvis Coronal image show well defined collection with internal air pelvic region representing infective collection (Green arrows) between uterus (Green star) and partially filled urinary bladder (Red star)

CONCLUSIONS

- ✓ This case highlights the occurrence of afebrile sepsis following cesarean delivery, emphasizing the need for timely and thorough evaluation and management of postoperative patients presenting with non-specific symptoms.
- ✓ Early recognition and intervention are crucial in preventing severe complications associated with postoperative infections.

REFERENCES

1. Kim HI, Park S. Sepsis: Early Recognition and Optimized Treatment. *Tuberc Respir Dis (Seoul)*. 2019 Jan;82(1):6-14. doi: 10.4046/trd.2018.0041. Epub 2018 Sep 28. PMID: 30302954; PMCID: PMC6304323
2. Liu P, Zhang X, Wang X, Liang Y, Wei N, Xiao Z, Li T, Zhe R, Zhao W, Fan S. Maternal sepsis in pregnancy and the puerperal periods: a cross-sectional study. *Front Med (Lausanne)*. 2023 May 16;10:1126807. doi: 10.3389/fmed.2023.1126807. PMID: 37261123; PMCID: PMC10228646.
3. RCOG. Bacterial sepsis following pregnancy. RCOG 2012

