



A Silent Threat: Toxic Megacolon Masquerading as Constipation in the Postpartum Period

AUTHOURS: WATTHUHEWA DAMAYANTHA¹, HIRSI-FARAH SUAD¹, SINGARATHNAM KANDASAMY¹

¹ GEORGE ELIOT HOSPITAL NHS TRUST, O&G, NUNEATON, UNITED KINGDOM . EP.1150

BACKGROUND

Toxic megacolon is a rare but life-threatening complication of *Clostridium difficile* infection (CDI). In the postpartum period, its diagnosis can be easily missed due to overlapping symptoms with common obstetric complaints, such as constipation and uterine involution.



Pseudomembranous Colitis

CASE SUMMARY

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- **Patient:** 29-year-old, recent preterm delivery at 34 weeks due to suspected chorioamnionitis.
- **Postpartum Day 2:** Readmitted with malaise, abdominal pain, and constipation. Initial assessment was unremarkable; managed conservatively for presumed constipation.
- **Rapid Deterioration:** Within 24 hours, developed tachycardia, pyrexia, and significant abdominal distension.
- **Re-evaluation:** Raised suspicion for toxic megacolon → urgent imaging → emergency laparotomy.
- **Findings:** Grossly dilated colon, bowel necrosis, and perforation due to fulminant CDI.
- **Management:** Subtotal colectomy with defunctioning colostomy.
- **Outcome:** **ICU admission → full recovery → stoma reversal at 6 months.**



DICUSSION

- Initial misdiagnosis stemmed from overlap with benign postpartum gastrointestinal symptoms.
- The recent use of broad-spectrum antibiotics (for chorioamnionitis) likely triggered the CDI.
- Delay in recognising signs of systemic toxicity contributed to advanced disease requiring major surgical intervention.

LEARNING POINTS

- CDI should be considered in postpartum women with abdominal symptoms and recent antibiotic use.
- Do not dismiss 'constipation' with systemic deterioration.
- Early surgical input and cross-specialty collaboration are essential for optimal outcomes.
- Prompt diagnosis may prevent bowel necrosis, perforation, and prolonged morbidity.

CONCLUSION

This case underlines the importance of maintaining a high index of suspicion for CDI and toxic megacolon in postpartum women with abdominal symptoms, especially those exposed to antibiotics. Timely diagnosis and multidisciplinary action are critical to reduce maternal morbidity and mortality.

REFERENCES

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