

Case Report:Rare Post-Op Complication Of Caesarean Section "Intra-abdominal candidiasis IAC”

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Abstract:26 years old primigravida at 40+6 weeks with low risk pregnancy underwent an emergency caesarean section after IOL for post dates.She presented on post op day 15 with secondary PPH, later developed fever and pain abdomen. USS pelvis revealed a solid area of 37x8x20mm with in endometrium. CT-Abdo pelvis indicates rim enhancing fluid collection in anterior cul-de-sac of uterus measuring 79x41mm surrounded by fat stranding tracking onto bladder fundus. She didn’t respond to conservative treatment with IV antibiotics and therefore underwent an ultrasound guided drainage on POD 19.The fluid grew candida. Investigation for an immunocompromised state were negative. Her symptoms resolved after commencement of fluconazole and she was discharged home on POD 28.In any post-operative patient with persistent pyrexia not responding to IV antibiotics should raise suspicion for intraabdominal candidiasis.

Case report: We present a very rare post-op complication of caesarean section. This was a 26 year of Asian origin nulliparous woman who had Category 2 Caesarean section for presumed fetal compromise at 40+6 weeks. She had a low risk pregnancy and was under midwifery lead care. She had no significant medical, surgical or family history of note. She had no known drug allergies. She was induced at 40+6 for postdates and reduced fetal movements and delivered a healthy male baby with good APGAR score. It was an uncomplicated caesarean section and discharged home after 24 hours with good recovery. She presented to A&E on POD 14 with pain abdomen, heavy bleeding and fever. USS pelvis revealed 37x8x20mm solid area within the endometrium. She was started on IV antibiotics (cefuroxime + metronidazole) and single dose 800ug of misoprostol given. She passed the product of conception. However abdominal pain was getting worse and she kept on spiking temperature. CRP 180 , WBC 12,HB 81.Repeat pelvic scan showed no RPOCs , but cystic complex area with internal echoes 3.5x2.1cm adjacent to the uterus in the region of caesarean section. CT Abdo-pelvis revealed rim enhancing area Of 79x41mm surrounded by fat stranding tracking onto bladder fundus. With IV antibiotics she was spiking temperature, then ultrasound guided drainage was done. Small amount was drained and sent for culture and sensitivity. Pain was getting worse so does the fever. IV antibiotics were changed as per advice of microbiologist. Blood culture were repeated on 4 occasions with negative report and on OPD 22 plan was made to do laparoscopy + drainage of collection on day 23.Patient had laparoscopy that was converted to laparotomy. There was no evidence of any pulse collection in abdomen/pelvis .Culture report of the fluid collection from drainage revealed candida growth so antibiotics were stopped and IV fluconazole was started for 48 hours and then switched to oral for a total of 14 days. After commencement of antifungal, her temperature settled and she was sent home on OPD 28.

Outcome and Follow up;
On confirmation of IAC, intravenous fluconazole was commenced and the woman had very good response and there was marked improvement in her clinical state after just 2 days of the treatment. She was discharged home on POD 28 and remained asymptomatic at the 4-week follow-up.

Discussion: Maternal sepsis is a life-threatening condition defined as organ dysfunction resulting from obstetric infections during pregnancy, childbirth, post abortion, or postpartum period, is a major public health concern among the five leading causes of maternal death in pregnancy and postpartum periods. Sepsis is one of the major diseases that require ICU admissions for patients in pregnancy and postpartum period, leading to high maternal and perinatal mortality or maternal near Miss Candida spp. Have the ability to colonize in up to 10% of pregnant women. The most frequently isolated strains following detailed microbiologic laboratory techniques revealed that Candida albicans (86%), followed by Candida glabrata (9%) . Candida tropicalis was identified in less than 1% only of these women. Other rarely isolated Candida spp. were Candida pseudotropicalis , Candida krusei , and Candida famata . Canida is a well known colonizer of vagina and during pregnancy the colonization rate increases to 30% in case of Candida spp.