

Post-Caesarean candida peritonitis complicated by cardiogenic pulmonary oedema

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ANC: A 39-year-old non-adiabatic female,
38+3 /40 - previous 2 NVD had LGA fetus >95th
centile.

Intrapartum: caesarean section with surgical
applied in
utero-vesical pouch.

After one week, she readmitted to A&E with
severe abdominal pain and distension.
WCC 13.9× 103/ul CRP 201 and tachycardia.

CTAP contrast showed multiple loculated
collections within the
intra-abdominal cavity largest in the pelvis
measuring 21 x 7 cm and bi-basal atelectasis.

After one week, she presented to the A&E of
another hospital critically unwell O2 sat 60
despite High flow nasal O2 (HFNO) diagnosed as
cardiogenic pulmonary oedema due to
peritoneal sepsis

Postnatal: she complained of progressive abdominal pain and distension. Bowel sound was sluggish. She had tachycardia,
CRP 312 and
WBC 17× 103/ul .

CTAP contrast was normal.

On day 5 PN improved clinically

and discharged upon her request although

CRP 395 and WBC 15.1 × 103/ul

Emergency laparoscopy converted to open laparotomy was done.
Bowel injury excluded however, there were necrosis and adhesions between
uterus and small bowel so uterine
debridement, omentectomy, adhesiolysis and small bowel resection were
performed then washout and inserted 4 drains .
Intra- abdominal swab showed candida . She discharged after 2 weeks.

She returned to theatre for laparotomy but did not proceed due to extensive bowel
adhesion.
ICU admission and IV fluconazole pipertazocin clarithromycin were commenced .
She developed Acute kidney injury (AKI)which improved on discharge.

Discussion

- Vaginal candidiasis is a common vaginal infection. It could be an ascending
infection that cause intra-abdominal peritonitis which lead to cardiogenic
pulmonary oedema and AKI .

- Although she has post natal sepsis, there was no fever at all through all her
presentations.

- Discharging while CRP and WBC were raised was not an excellent management
and she should have stayed in the hospital until those markers fall.

Conclusion

Further research and investigation are needed to know mechanism of
developing candida peritonitis after caesarean in immune-competent females.

During her stay multiple
investigations were done as followed:

1-CTAP :Persistent small collection of the right side of the pelvis,

bilateral plural effusion –compressive atelectasis.

2-ECHO :impaired LV function- EF 45-50%. After 2 weeks ,EF improved to become
50-55%. with mild dilated
LV and LA.