

"Perineal Abscess Following Instrumental Delivery: A Rare Complication Requiring Multidisciplinary Management”

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Introduction:

- Perineal abscess is a rare but serious complication following instrumental delivery.
- Requires prompt recognition and multidisciplinary management to prevent morbidity.
- This case highlights the challenges in managing a perineal abscess after a forceps delivery, emphasizing the importance of early intervention and teamwork.

Case Presentation:

- A 26 -year-old primigravida with gestational diabetes and a large-for-gestational-age fetus.
- Induced at 38 weeks of gestation. A forceps-assisted vaginal delivery after manual rotation of the fetal head, after a prolonged 2nd stage of labour.
- Within 24 hours of delivery, she returned to the operating theatre for evacuation of a vulval hematoma and repair of an identified third-degree perineal tear (3A).
- Day 5 Postnatally, she developed severe excruciating perineal pain and skin colour changes, a likely perineal abscess.
- A multidisciplinary team (MDT) consisting of obstetrics, gynaecology, and plastic surgery specialists was initiated to manage the case, ensuring optimal wound care and recovery, which required daily surgical debridements.



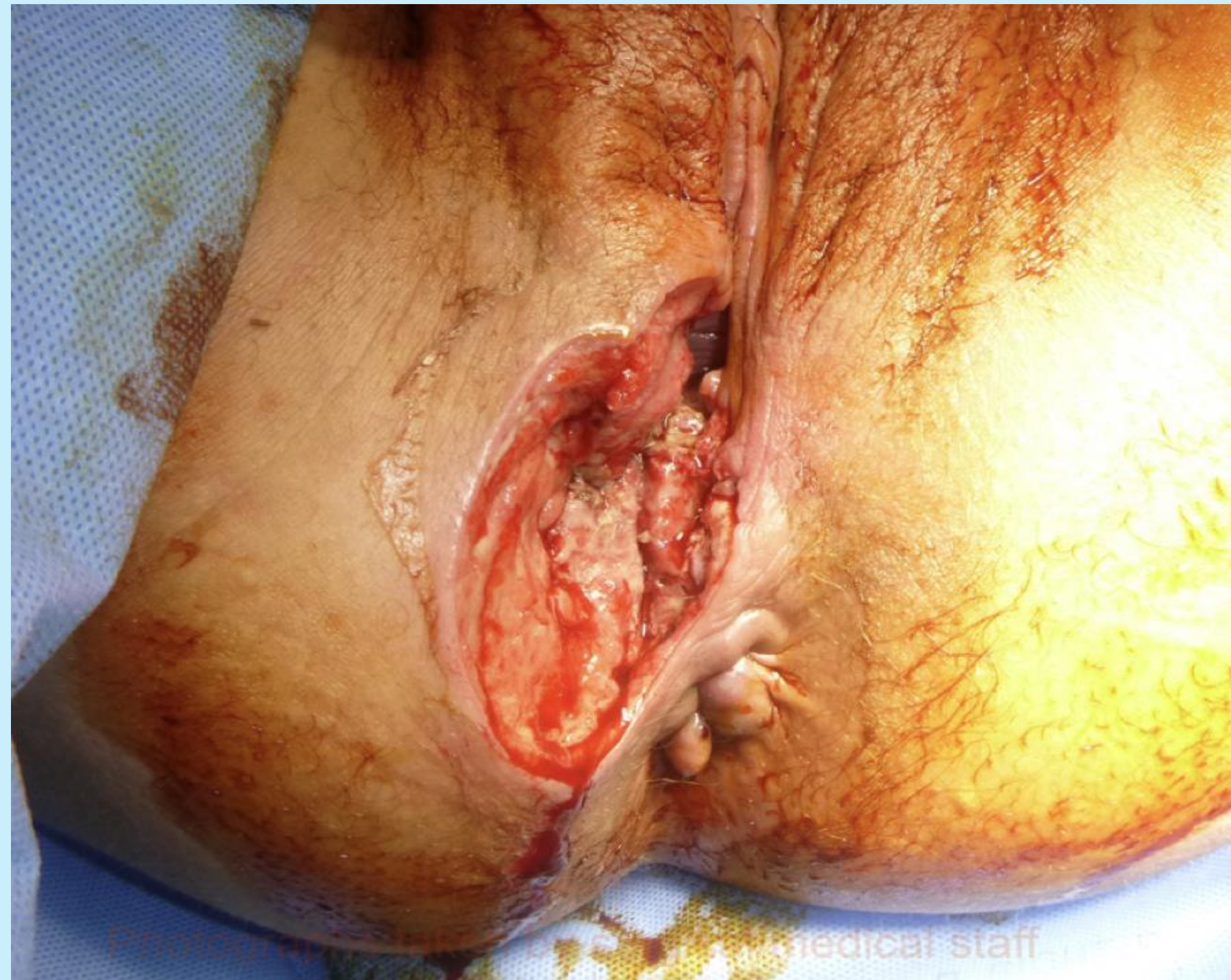
1. Initial presentation on day 5 Postnatal on return to theatre.



2. After debridement and for packing.



3. Day 2 postoperative after removal of the pack



4. Daily Packing .



5, 6, 7 Daily packing and closure of the wound

Necrotizing fasciitis (NF) RED FLAG

- a rare life-threatening soft-tissue infection leading to sepsis, shock, multi-organ failure and death.
- The incidence has been estimated to be 0.4 per 100,000 and the mortality rate as high as 35% .
- Risk factors for NF includes a history of soft-tissue trauma or surgical procedure.
- Symptoms includes excruciating pain with or without skin changes. This is usually followed by rapid deterioration of general health.
- Close observation and monitoring of vital signs, fluid resuscitation, blood investigations, wound and blood cultures, and wound assessment are the initial management.
- Imaging studies such as computed tomography (CT scan) and magnetic resonance imaging (MRI) may be helpful in early diagnosis but cannot rule out NF .
- Key management principles are Prompt recognition, accurate diagnosis, immediate administration of broad-spectrum antibiotics, and surgical intervention are associated with a favorable outcome.

Management and MDT Role;

- Started on broad-spectrum IV antibiotics immediately.
- Regular wound assessment and surgical debridement.
- Daily packing; monitored for systemic deterioration.
- Plastic surgery involved in wound closure and tissue care.
- Team coordination was critical to patient outcome.

Learning Points

- Maintain high suspicion for abscess in any unexplained postpartum perineal pain.
- NF should be considered in severe cases with systemic signs.
- Risk factors: Instrumental delivery, GDM, LGA fetus, perineal trauma.
- Multidisciplinary team input is essential for complex wound care.
- Imaging is supportive, but clinical judgment is paramount.

Conclusion

- A rare but serious case highlighting the need for vigilance in high-risk deliveries.
- Early intervention and multidisciplinary collaboration were key to successful recovery.
- This case advocates for awareness, teamwork, and prompt action in similar scenarios.