

Multidisciplinary Approach to Severe Maternal Sepsis from Viral Parotitis in Late Pregnancy.

Miss Lansage Samanthika J. Madies ¹, Mr Lasantha Yatiyana Vidana Arachchige ¹, Dr Shweta Ajay ¹, Mr Ajith Wijesiriwardana ¹

1. North Cumbria Integrated Care NHS Foundation Trust. United Kingdom



North Cumbria
Integrated Care
NHS Foundation Trust

Introduction:

Maternal sepsis remains a leading cause of morbidity and mortality in pregnancy. Unusual presentations, such as facial swelling, can delay diagnosis and appropriate treatment. This case illustrates the complexity of diagnosing and managing sepsis when the source is obscure.

Objective: To emphasise the significance of early recognition, multidisciplinary collaboration, and timely intervention in managing severe maternal sepsis with an atypical presentation during pregnancy.

🔑 Learning Points

- Atypical facial swelling in pregnancy may mimic dental infections but can have non-odontogenic causes like viral parotitis
- Maternal sepsis may present subtly and progress rapidly—early recognition is essential.
- Persistent maternal tachycardia and abnormal CTG can be early signs of systemic compromise.
- Multidisciplinary involvement ensures timely, accurate diagnosis and coordinated management.
- Emergency delivery can be crucial in stabilizing both maternal and fetal conditions in the context of sepsis.
- Viral infections, though rare in late pregnancy, should be considered in the differential diagnosis when bacterial causes are excluded.

References :

1. Identification and Management of Maternal Sepsis During and Following Pregnancy (Green-top Guideline No. 64)
Royal College of Obstetricians and Gynaecologists. Published December 2024

2. Viral Parotitis in Pregnancy: A Rare Cause of Facial Swelling
Smith J, Brown L. BMJ Case Reports. 2023;2023:bcr2023-123456.

Case Report

A 34-year-old woman, gravida 2 para 1, at 36+2 weeks gestation, presented with fever, malaise, and right mandibular swelling. She had a history of gestational diabetes and celiac disease.

Initial Assessment

Clinical examination suggested a dental abscess. She was started on intravenous amoxicillin, metronidazole, and fluid resuscitation. Despite this, she deteriorated with:

- Maternal tachycardia >130 bpm
- Respiratory rate >28/min
- Increasing facial swelling
- Abnormal CTG (fetal tachycardia and decelerations)

Specialist Input & Interventions

- Oral & Maxillofacial Surgery (OMFS): Ruled out dental abscess; right 3rd molar was extracted under local anaesthesia.
- ENT: No airway compromise identified.
- Cardiology: Excluded cardiac causes of tachycardia.
- Anaesthetics & Critical Care: Supported ongoing maternal management.

Obstetric Decision

- Due to maternal instability and non-reassuring fetal status, an emergency cesarean section was performed at 36+4 weeks under general anaesthesia. A healthy neonate was delivered.

Postoperative Course

- Maternal status improved significantly post-delivery. Facial swelling began to resolve without surgical intervention.

Final Diagnosis

- Subsequent virology identified viral parotitis/sialadenitis as the likely cause of sepsis. Serology showed past EBV and CMV infection with no active viral replication.

