

PUERPERAL GANGRENE

(Two Case Reports)

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Puerperal gangrene follows puerperal thrombophlebitis. There is paucity of cases puerperal gangrene in literature because it occurs in extremely neglected cases. Chandra and Gupta (1964) have reported 3 cases.

CASE REPORTS:

Case 1

Bhagwanti 22 years old hindu was referred to this hospital on 9-1-83 from a Primary Health Centre as a "Postnatal case with dry gangrene of right toe and moist gangrene of lower extremities and buttocks."

Patient had a eight month premature delivery at home 10 days back. A day prior to the labour she had high grade fever with chills and rigors. The labour was conducted by an untrained 'dai' who cut the cord with a razor. The baby died after 15 hours. Twenty-four hours after delivery she developed severe burning pain over both the lower limbs followed by formation of red patches. Few smaller patches appeared on the upper extrimities also. Two days later these patches started becoming black. She also developed swelling over left lower limb.

There was no history of taking ergot after

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Accepted for publication on 3-6-83.

labour. No H/O cardiovascular disease, intermittent claudication or rest pain.

There was blackening of skin over both the feet upto midleg, thighs and gluteal region. Few small black patches over upper limbs. Right side had dry gangrene and was mummified, but line of demarcation had not formed. Rest of the gangrene was moist type (see Fig.). Calf tenderness was present in both limbs, saphenous vein was slightly tender.

Dorsalis pedis and posterior tibial pulsations absent on right side, but present on left side.

Patient put on tablets Duvadilan 2 T.D.S., Inj. Cystalline penicillin 20 lakhs 6 hourly and other supportive measures. As the line of demarcation was not present amputation of right foot was not done and it also seemed that the toe may fall off. But at other parts in the leg especially the buttocks the gangrenous skin started sloughing off in thick chunks (about 1.5 cm. thick) leaving raw sloughing areas especially over the buttocks. It was a pitiable sight. Though the thin small patches in the upper limbs dried up fell off as scales with healthy skin below.

The dry gangrene came upto midfoot. Patient was not prepared for amputation, but she refused and left against medical advice.

Case 2

Patient 26 years old had normal delivery in this Hospital following removal of Macdonald stitch. She was discharged healthy on fourth day after delivery.

Ten days after delivery she developed swelling and pain over the right leg for which she was re-admitted after a week treatment at home.

There was H/O thrombophlebitis over the opposite leg in the 1st delivery following caesarean section.

Patient was put on anti-coagulents (Heparin followed by Duvadilan tablet 50 mg. TDS), ampicillin, sugaril and analgesics. Third day after admission patient developed blackening of the skin over the lower half of right thigh and posterior surface of whole leg upto the ankle.

Five days later multiple blisters appeared all

over the blackened area of the skin which later peeled off exposing—subcutaneous oozing surface. Haemoglobin fell to 6 gms.%, urine showed albumin ++ and microscopically innumerable R.B.C. and pus cells were present.

Later the whole blackened skin started separating from the edges and in different places leaving raw sloughing areas. Patient left against medical advice 19 days after admission.

See Fig. on Art Paper VII