

# Case Report of a Patient with Gram -ve Septicemia Post L.S.C.S. who survived all possible complications

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Mrs. RC age 20 yrs. Admitted on 20-4-95 for F.T. pregnancy with pain in abdomen, first visit to the hospital. Past h/o emergency L.S.C.S. on 2.5.92 for prolonged labour in Vivekanand Hospital, Latur; indication ?C.P.D. with postmaturity and fetal distress. Uneventful post op. recovery of mother and female child. On admission, on 20/4/95 No labour pains, F.T. preg., Vx fixed, FHS+, BP 140/80mmhg. pulse 90/min, P/V Cx partially taken up-closed, Vx-2, pelvis appeared adequate. Hb 11gm%, urine nil, VDRL NR, AA-ve, Blgr B-ve, USG single live fetus 34±1 wk. Placenta gr-II. On 25/4/95 mild labour pains, FHS+, Cx fully effaced, closed. On vaginal exam pelvis adequate. FHS showing marked deceleration (42-60/min) followed by mild acceleration 100-110/min, hence emergency LSCS done ↓ S.P.S (F) baby cried well wt. 2.4 kg. Abd closed as usual. No intraoperative difficulty. Next day uneventful. On 27/4/95 early in the morning she C/o pain in abd +, chest pain +, short of breath, giddiness- BP 90 mmHg P-160/min resp. 30/min. temp 100° F. Yellow tinge in eyes, mild dehydration. No much Pv bleeding; urine output 350cc/24 hrs-dark, flatus + abd lax, Hb 6.5 gm% S.B. 5.6 mg% SGPT 1450, BUN30mg%, S.Cr. 3 mg%, SGOT4440, A A-ve. Physician's opinion taken Δ Post

op hepatitis with prerenal → azotemia. Abd. U.S.G. → enlarged liver with multiple hypoechoic lesions; swollen hypoechoic kidneys. Δ ? Gram -ve septicemia. Centrl I/v line established, urine output <10cc/24hrs. Hemodialysis done on 29/4/95 hemodialysis continued alt days. On 1/5/95 i.e. on 5th post op day abd dressing soaked with blood so changed, big hematoma, drained, wound dehiscence up to sheath, icterus ++. Urine output <100cc/24hrs. On 7.5.95 abnormal behavior, removing self clothes. Abd. dist + ? Hepatic precoma. Antibiotics with repeated B.T. & calculated input thr's I/v central line contd. 3 wks after operation wound looked better with superficial gaping. But urine output was nearly zero. On 19/5/95 after 10th dialysis she had sudden bradycardia and gasping respiration. Revived. Sudden soaking of abd dressing with blood. Secondary haemorrhage. N.G.T. for oral feeding with medicines alongwith I/v central line maintained. Gradual improvement in urine output but remained intermittently febrile. On 27/5/95 had subpulmonic collection, Rt side drained 750cc pale yellow fluid. On 2/6/95 after 13th dialysis urine output >400cc/24hrs Oral intake Abd. wound healed. On 8.6.95 urine ↑ >1000cc/24hrs No icterus, L.F.T. WNL. BUN 30mg% S.Cr. 1 mg%. Discharged on 15.6.95 with live topfed baby wt. 2.7kg.