Pelvic Abscess Following Spontaneous Vaginal Birth

Gayan Niranga[1] ;Jacqueline Van Dam[1]
[1]Werribee Mercy Hospital, Victoria

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Introduction

- Pelvic abscess after uncomplicated vaginal birth is an uncommon clinical entity of unclear incidence
- Presents clinician with both diagnostic and management challenges

Objectives

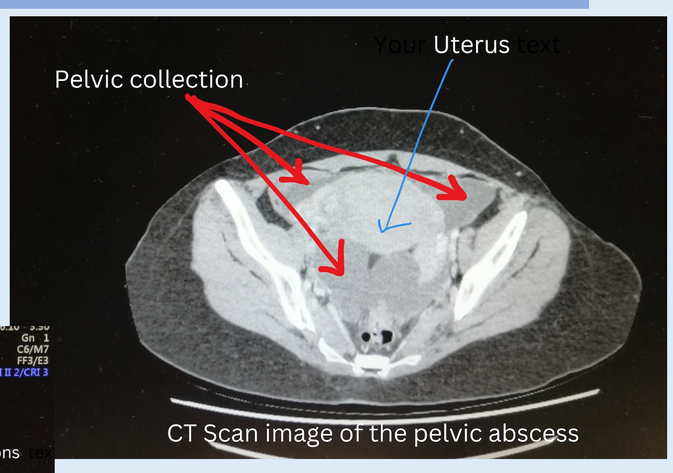
- To describe an illustrative case of pelvic abscess following a spontaneous vaginal birth

Presentation

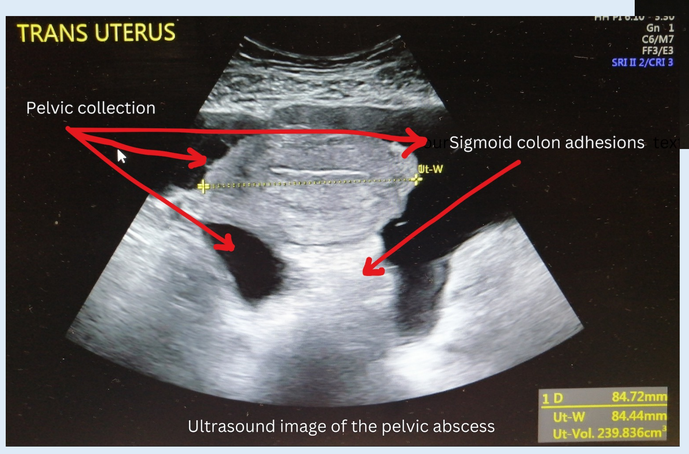
- 35 yrs, G6T2P0A4L2
- No medical illnesess and uncomplicated antenatal period
- Uncomplicated spontaneous vagianl birth
- Presented with lower abdominal pain, back pain D13 following birth
- No fever, no features of peritonism
- Bedside Ultrasound revealed pelvic collection

Investigations & Diagnosis

CT abdomen and pelvis confirmed the diagnosis



CT Scan image of the pelvic abscess



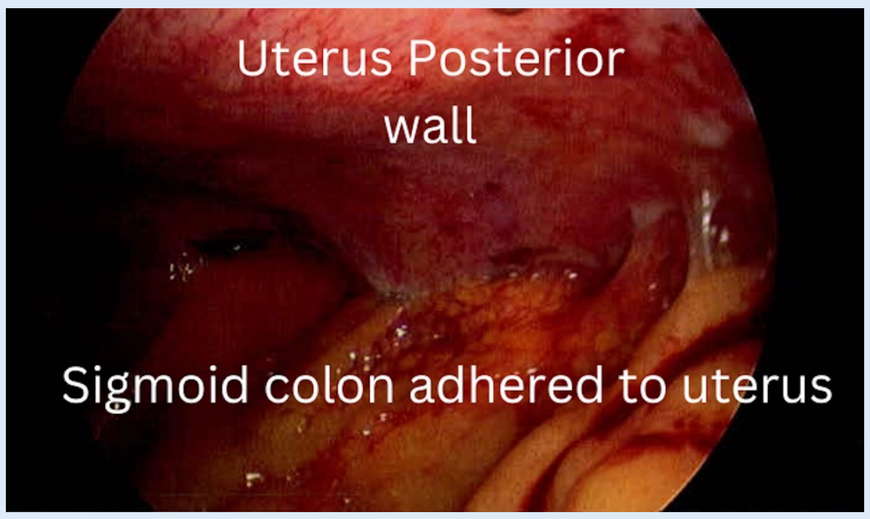
Ultrasound image of the pelvic abscess

- Surprisingly, no neutrophil leucocytosis
- CRP accurately predicted clinical deterioration and improvement

Date	WBC	Neutrophils	Lymphocytes	CRP
08/04/23 Admission	11.8	9.4	1.7	107
09/04/23	9.4	7.6	1.2	212
10/04/23	8.4	6.1	1.5	196
11/04/23 Acute deterioration & Laparoscopy	8.8	7.3	1.0	169 ➡ 199
12/04/23 D1 Post-Op	12.6	10.8	1.3	238
13/04/23 D2 Post-Op	9.3	6.5	2.0	102
14/04/23 D3 Post-OP	9.1	6.3	2.0	19

Management

- Started on IV Cefazoline and metronidazole
- 4 days following admission, clinical deterioration (fever, worsening of abdominal pain, peritonism+, tachycardia)
- Multidisciplinary team involvement (Obstetrician, General Surgeon & Infectious disease consultant)
- IV antibiotics changed to Piperacillin/Tazobactam
- Proceeded with laparoscopic drainage (combined surgery with General Surgical Team)
- Rapid clinical improvement following drainage (STI screening negative and no growth in pus culture)



Rapid clinical deterioratino could be due to rupture of the abscess

Operative findings

- Greater omentum adhered to anterior abdominal wall and umbilicus
- Bowel adhered to uterus, tubes, ovaries, bladder and lateral pelvic walls
- Large amount of pus in the pelvis and abdominal cavity

Discussion

- Etiology of the pelvic abscess was unclear
- Clinicians should have low threshold for ordering imaging on postpartum women with persistent abdominal pain even after uncomplicated vaginal birth
- Bedside ultrasound is an effective modality reaching diagnosis early
- Multidisciplinary team involvement is essential in the management of pelvic abscess
- Surgical drainage is challenging and should be the last option if deteriorate clinically while on IV antibiotics

References

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