

BESINS HEALTHCARE

Perth | 28 Oct - 1 Nov Aiming higher: More than healthcare

# Postpartum necrotizing pancreatitis: A case of extreme patient morbidity

# Intro

- Acute postpartum pancreatitis is rare and challenging to diagnose postoperatively. While abdominal pain and vomiting are common, these are frequent post Caesarean section.
- Causes include biliary disease and pregnancy mediated hypertriglyceridaemia, but in this case they are absent.

# **Aim**

 Raise awareness for this disease and its potential for catastrophic morbidity in a previously healthy woman.

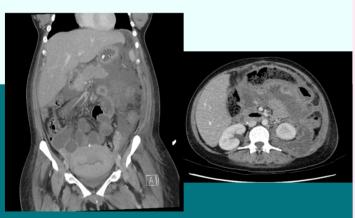


Figure 1: Severe interstitial oedematous pancreatitis. Extensive peripancreatic and retroperitoneal collections. Distension of right hemicolon suggestive of a partial large bowel obstruction.

### Conclusion

- Acute pancreatitis should be considered in post-partum patients with atypical abdominal pain.
- A lipase should be utilised early if there are symptoms of an ileus and will aid in prompt diagnosis, surgical referral, and management of pancreatitis.
- Further research characterizing the prevalence, aetiology and demographics in this condition is warranted given its severity.

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#### Case

27-year-old G1P0 woman required an emergency LSCS at 35+2K for placental abruption. This was 2 weeks post amnioreduction for polyhydramnios for foetal anomalies. She was diagnosed with COVID-19 at delivery but her LSCS was uncomplicated.

Over 48 hours she developed worsening abdominal pain, vomiting and inability to pass flatus. An NGT was inserted for suspected ileus and feculent material aspirated.

An exploratory laparotomy for possible bowel perforation was performed but a clinical diagnosis of pancreatitis was made (retrospective lipase 5808).

While the aetiology remains unknown, her LSCS, antenatal steroids and COVID-19 were thought to be contributing factors.

#### Her recovery was complicated by...

- Candidasis fungaemia with pulmonary involvement
- latrogenic anaemia and 4 blood transfusions
- Bilateral pulmonary emboli
- Post-natal depression
- Pseudo-obstruction requiring an ileostomy
- Multiple peripancreatic drainages
- 3 x Laparoscopic necrosectomies
- 28 Progress CT scans
- >80 days of IV meropenem
- 6 Months of inpatient care with an unimaginable impact on her life, partner and baby

