

# **Uterine Necrosis As A Sequelae Of Postpartum Endometritis- A Rare Case Report**

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## **I. Introduction :**

Uterine necrosis is a rare and life threatening complication after caesarean section. It can be associated with uterine artery embolization following postpartum hemorrhage. Regardless with etiology, prompt treatment with antibiotics and hysterectomy should be done compulsorily to prevent septicemia. Here we report a case of uterine necrosis as a sequelae of postpartum endometritis

## **II. Case report**

22years old primigravida at 40 weeks gestation has undergone Emergency caesarean section 5 months ago in a peripheral hospital due to fetal distress. Patient had excessive bleeding per vaginum after caesarean section. Patient went to same peripheral hospital and underwent dilatation and evacuation twice on consecutive days .After 15 days of procedure, patient had foul smelling pus discharge per vaginum. CECT abdomen and pelvis was done which showed collection in the endometrial canal suggestive of endometritis. Patient came with same scan reports in our hospital. We planned for dilatation and evacuation and tissue obtained was sent for culture and sensitivity which showed heavy growth of Escherichia Coli. Tablet Meropenam was prescribed according to culture and sensitivity reports.After 5 days, patient came to our hospital with persistence of symptoms. Patient was planned for diagnostic laparoscopy

## **III. Intraoperative findings:**

On diagnostic laparoscopy, dense adhesions were noted between right lateral wall of uterus and anterior abdominal wall. Surgeons were called in and suspected bowel perforation. Proceeded with emergency laparotomy and found that endometrium was sloughing and uterus was necrotic.Unfortunately we ended up with total abdominal hysterectomy to prevent septicemia



## **IV. HISTOPATHOLOGY:**

Showed features of uterine necrosis with no granuloma

## **V. Discussion**

Uterine necrosis is a very rare condition and has an incidence of less than 1% worldwide. Most of the cases have been reported after pelvic artery embolization or rarely after B- Lynch sutures. There are also few

cases where the uterine necrosis has been reported after group-A streptococcus infection. Medical facilities have improved over the last century and emphasis is laid on control of infections by clean operating techniques and prophylactic antibiotics. Despite these efforts, lack of standardized training in operating room is still a major risk factor for postpartum infections. Exploratory laparotomy plays a major role for diagnosis and treatment. Multidisciplinary team is very helpful in reaching the diagnosis and preparing the patient for such major surgery. The persistent uterine infection might be the reason of subinvolved uterus and necrosis in this case.

#### **VI. Conclusion:**

We should be aware of the possibility of uterus being involved in persistent infections. Hence infection being the cause for secondary postpartum hemorrhage, early recognition intervention would have prevented maternal morbidity.

#### **VII. Preventive measures**

Patient should be counselled and emphasized on utmost importance for institutional deliveries. Appropriate cause of postpartum infections should be overlooked and treated promptly.