

A Rare Cause of Abdominal Pain Post Caesarean Section

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Abstract : Objective: discussion of diagnosis of vernix caseosa peritonitis, recovery and subsequent caesarean section Case: 30 year old G4P1 presented in labour at 40 weeks, planning a vaginal birth after previous caesarean section. She underwent an emergency caesarean section due to concerns for fetal wellbeing on CTG. She was found to have a thin lower segment with a very small area of dehiscence centrally. The operation was uncomplicated, and she recovered and went home 2 days later. She then represented to the emergency department day 6 post partum feeling very unwell, with significant abdominal pain, tachycardia as well as urinary retention. Raised white cell count of 13.7 with neutrophils of 11.64, CRP of 153. An abdominal ultrasound was poorly tolerated by the patient and did not aid in the diagnosis. Chest and abdominal xray were normal. She underwent a CT chest and abdomen, which found a small volume of free fluid with no apparent collection. Given no obvious cause of her symptoms were found and the patient did not improve, she had a repeat CT 2 days later, which showed progression of free fluid. A diagnostic laparoscopy was performed with general surgeons, which revealed turbid fluid, an inflamed appendix which was removed. The patient improved remarkably post operatively. The histology showed periappendicitis with acute appendicitis with marked serosal inflammatory reaction to vernix caseosa. Following this, the patient went on to recover well. 4 years later, the patient was booked for an elective caesarean section, on entry into the abdomen, there were very minimal adhesions, and the surgery and her subsequent recovery was uncomplicated. Discussion: this case represents the diagnostic dilemma of a patient who presents unwell without a clear cause. In this circumstance, multiple modes of imaging did not aid in her diagnosis, and so she underwent diagnostic surgery. It is important to evaluate if a patient is or is not responding to the typical causes of post operative pain and adjust management accordingly. A multi-team approach can help to provide a diagnosis for these patients. Conclusion: Vernix caseosa peritonitis is a rare cause of acute abdomen post partum. There are few reports in the literature of the initial presentation and no reports on the possible effects on future pregnancies. This patient did not have any complications in her following pregnancy or delivery secondary to her diagnosis of vernix caseosa peritonitis. This may assist in counselling other women who have had this uncommon diagnosis.

Keywords : peritonitis, obstetrics, caesarean section, pain

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