

Postpartum Sepsis—  
An Unusual Presentation

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**BACKGROUND.** Postpartum infections account for >75,000 annual deaths worldwide.

- Group A *Streptococcus* (GAS) infections MCC of severe postpartum infections
- GAS found in the female reproductive tract, but rarely causes systemic disease

**Figure 1.** *Streptococcus pyogenes*. Gram-positive, catalase-negative, facultative anaerobe. <https://www.cdc.gov/streplab/groupa-strep/index.html>



**CASE.** Otherwise healthy 25yo G2P1001 presented at 38w1d after SROM—AVSS

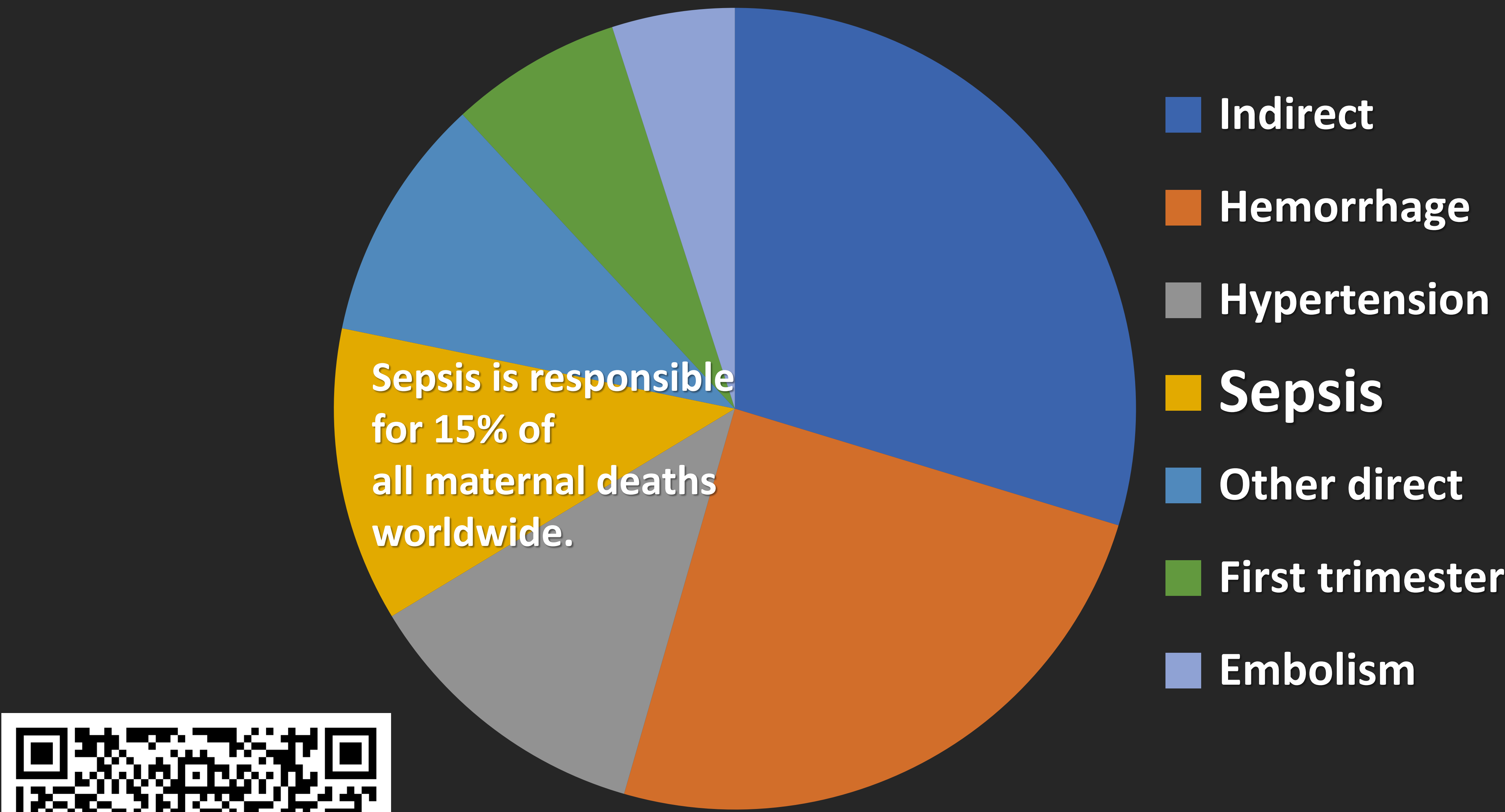
- L3/L4 epidural +transient paresthesias
- Uncomplicated SVD
- Catheter removed 48 min after delivery without complications
- **20h postpartum:** weakness, chills, nausea. HR 120s-140s. +LLQ tenderness with rebound.

*Patient cited similar symptoms after her first delivery: a “reaction to my epidural”*

- Fever to 100.8 F + hypotension > IVF, blood and urine cxs
- Bedside US: LUQ fluid
- CT AP: enlarged uterus with fluid/debris along the endometrial canal > gentamycin, clindamycin, ampicillin for endometritis
- Progressive symptoms: BLQ abdominal pain, epidural puncture site pain, leg numbness
- **Anesthesiology consult** to r/o hematoma, abscess. +lumbar paraspinal tenderness, BLE numbness; motor function intact
- **STAT MRI normal**
- **Blood, vaginal cxs positive for *Streptococcus pyogenes***

When evaluating postpartum patients, it is important to have a broad differential, however **do not delay treatment for suspected infection/sepsis.**

Figure 2. Estimated distribution for the main causes of maternal death worldwide.



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Table 1. Epidural hematoma vs. abscess		
	Hematoma	Abscess
Cause/Etiology	<ul style="list-style-type: none"><li>• Traumatic placement</li><li>• Coagulopathy</li><li>• Therapeutic anticoagulation</li><li>• Spinal deformity</li><li>• Spinal tumor</li></ul>	<ul style="list-style-type: none"><li>• Prolonged catheterization</li><li>• Traumatic placement</li><li>• Immuno-compromised state</li><li>• Inflamed entry point</li></ul>
Source	<ul style="list-style-type: none"><li>• Arterial or venous</li></ul>	<ul style="list-style-type: none"><li>• Patient’s skin</li><li>• Operator’s skin</li><li>• Body fluids in bed</li></ul>
Px	<b>Acute</b> Neurological deficit	<b>Insidious</b> <ul style="list-style-type: none"><li>• Severe back pain</li><li>• Local tenderness</li><li>• Fever</li><li>• Neck stiffness</li><li>• Headache</li><li>• Neurologic deficit</li></ul>
Mgt/Tx	MRI Surgical decompression/evacuation	

**Figure 3.** Epidural abscess. Mid-sagittal T1-weighted magnetic resonance image of the lumbar and lower thoracic region, after intravenous gadolinium.



**REFERENCES**

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