

Pregnancy Complicated by Serious Infection

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Introduction

H1N1 Infection in Pregnancy

- Pregnant women and their fetuses are at high risk of infection with the novel H1N1 influenza A virus. Obstetric providers should give appropriate care to such patients to reduce morbidity, mortality, and pregnancy-related complications faced by pregnant women.

Post-C-Section Swine Flu Infection with Respiratory Failure.

- A 27-year lady had a fever, body pain and headache and had to undergo an emergency c-section for obstetrics indication at Pondicherry
- In the postoperative period she developed continuous fever, and toxic, respiratory failure, requiring assisted ventilation
- Due to the unavailability of a ventilator, she was transposed to Chennai with an AMBU bag. we took our ambulance met her on the way connected ventilator and admitted in our hospital.
- She was H1N1 positive and gave her TAMIFLU and IV antibiotics and she was found to have surgical emphysema. She was treated in the ICU and recovered completely.
- She had 2 successful pregnancies after this.



Figure:1 Post LSCS Swine Flu with Respiratory Failure

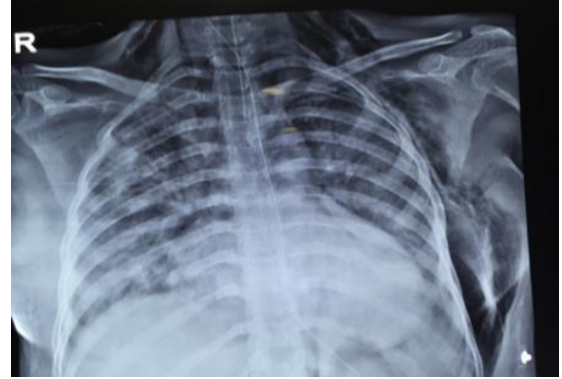


Figure:2 Chest AP Supine (Bed Side)

She was Extubated on Tracheostomy Breathing and Later Tracheostomy Removed with Breathing and Reduction Surgical Emphysema



Figure:3 Extubated on Tracheostomy



Figure:4 Breathing in room air and normal feeding

H1N1 Infection in Pregnancy

- A case of H1N1 infection with a full-term pregnancy and respiratory failure.
- A 30-year-old lady full-term pregnant had 2 weeks fever with headache and body pain.
- She was hypoxia, admitted and ventilated and was found to have an H1N1 infection and TAMIFLU was started. The ARD was very severe and she required prone ventilation.
- She had a stormy period and recovered. She underwent a c-section and delivered a live baby without any evidence of H1N1 infection.

The Full-term Baby Tested Negative For H1N1 Infection.



Figure: 5 Pregnancy with H1N1 on prone ventilation



Figure: 6 At Discharge

Dengue Fever in Pregnancy

- Dengue in pregnancy increases the risk of pre-eclampsia, Dengue Haemorrhagic Fever (DHF), fetal distress, and preterm delivery it

increases mortality and maternal morbidity like vertical transmission, intrauterine growth restriction, and stillbirth are possible sequelae of dengue in foetuses.

Pregnancy with Scrub Typhus

- Scrub typhus is a Rickettsial disease uncommon in pregnant women, if present mother and baby are at risk. Since it is uncommon, the treatment schedule has not been properly defined for the safety of the mother and baby.
- Scrub typhus is an unrecognized cause of acute febrile illness in India associated with poor fetal outcomes in pregnant women.
- A meticulous search for an eschar in patients presenting with undifferentiated febrile syndrome can make a diagnosis. Early diagnosis and treatment can prevent fetal loss.

Pregnancy With Dengue Fever with Scrub Typhus – Eschar At Unusual Site

- A 21-year-old pregnant lady was admitted with high fever, arthralgia, and myalgia found to have dengue IgM positive.
- She was given conservative treatment with IV fluids and supportive measures, since she was not improving, she showed an eschar of scrub typhus on the medial aspect of the thigh.
- After getting the results, she was given doxycycline, became afebrile and discharged.



Figure: 7 Eschar of scrub typhus over the medial aspect of the right thigh

Tuberculosis In Pregnancy

- Tuberculosis (TB) in pregnancy causes morbidity for both mother and baby if not diagnosed and properly treated. Obstetrician–gynaecologists should be aware of the complications of the disease. A meticulous history, examination, and lab test will take us a long way in curing this deadly disease. Active TB disease must be ruled out before delivery, with a chest radiograph and other diagnostics as indicated. In pregnancy a woman has active TB diagnosed, it should be treated energetically. Latent treatment should be decided on follow-up monitoring.
- If tuberculosis is not diagnosed in early pregnant women it carries great risk. Babies born to women with untreated Tuberculosis disease may have lower birth weight. Rarely, a baby may be born with TB.

Tuberculous Meningitis in Pregnancy

- Tuberculous meningitis, the most severe form of extrapulmonary tuberculosis, is rarely discussed in pregnancy despite this being a unique period of immune modulation that may predispose women to active disease.
- The true incidence of tuberculous meningitis in pregnancy or the postpartum period is unclear but likely underappreciated. To date, nearly all published cases have occurred in HIV-negative or otherwise immunocompetent women.

Pregnancy With Tubercular Meningitis

- 27 years old lady with pregnancy was evaluated for prolonged fever with altered sensorium, neck stiffness and all features of meningitis

- X-ray chest revealed right upper lobe infiltration and CSF revealed features of tubercular meningitis with low sugar and higher protein with gene Xpert positive for tuberculosis.
- She responded to treatment and both mother and baby were safe.



Figure: 8 X-ray chest shows right upper lobe tuberculosis infiltration

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