

Three Challenging cases of H1N1 Infection in Pregnancy

Dr. TV Devarajan, Dr. Sankar Kalairajan, Dr. Santhosh Kumar,
Dr. Premavadana and Dr. Shivu Bidadi

Apollo First Med Hospital, Kilpauk, Chennai

Post caesarean section with complicated H1N1 infection with surgical emphysema

A 25-year-old lady underwent a caesarean section in Pondicherry and delivered a live baby, on the 5th post-operative day developed a high fever with breathing difficulty and was found positive for H1N1. The hospital where she underwent treatment did not have a ventilator so they kept an ET tube and with an Ambu bag came to Apollo Hospital. We took an ambulance with a portable ventilator met them halfway connected the ventilator and brought her to Apollo Hospital. While doing intubation she developed Surgical Emphysema which required 3 days of time to recover. She was extubated, became normal and sent her back to Pondicherry with the baby.



Figure: 1 Pregnancy with H1N1 on prone ventilation



Figure: 2 Patient at discharge

Pregnancy with H1N1 infection with ARDS and respiratory failure requiring prone ventilation

A 32-year-old lady, full-term pregnant had a low-grade fever for 20 days and was admitted in a state of ARDS and respiratory failure. The respiratory package revealed an H1N1 infection and she was given antivirals and assisted ventilation. She developed convulsions, CT brain was normal. Since she was not improving with normal ventilation, she had to be prone to ventilation. Later she showed improvement and was extubated. She delivered a live child by LSCS. The baby did not have an H1N1 infection. 2 years later she came for a second delivery.

The purpose of presenting this case is to a high degree of suspicion to be there to diagnose H1N1 infection and the mortality rate in pregnant women and children is very high. We took risks in taking pictures of the abdomen and brain with proper care of covering the abdomen.

We used drugs some are not suitable for pregnant women, but they saved her. Similarly, a lady who delivered a child by LSCS at Pondicherry developed an H1N1 infection.

In the postoperative period with an AMBU bag, she was sent to our hospital, our ambulance met them halfway, connected to a portable ventilator, and she developed emphysema, probably due to complications of intubation done outside. Under observation, surgical emphysema regressed, and she was discharged.



Figure: 3 Post LSCS swine flu with respiratory failure

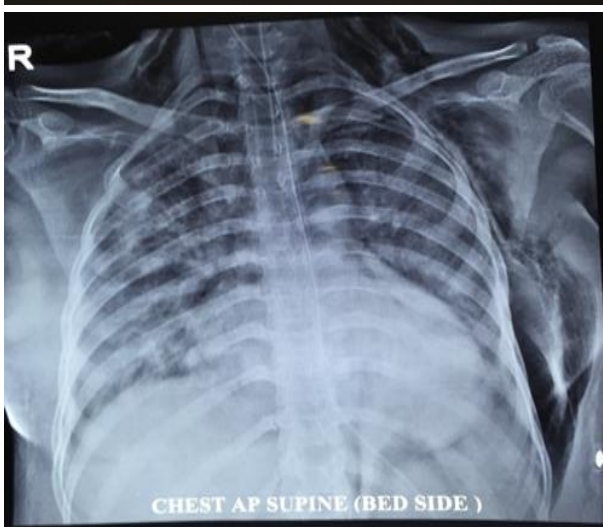
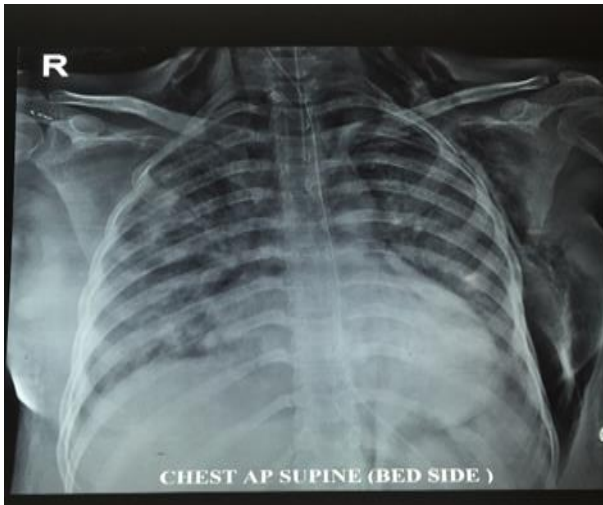


Figure: 4 Chest X-ray



Figure: 5 Extubated on tracheostomy and normal



Figure: 6 Breathing in room air feeding

Pregnancy with HINI infection

A 25 years old lady in her full-term pregnancy developed fever, myalgia, arthralgia and rashes all over her body with a positive blood test for dengue IgM. She was persistently febrile with an eschar in her mid-thigh region, likely to be scrub typhus which was later confirmed by lab reports. Doxycycline was started and she was afebrile later and improved.



Figure: 7 Pregnancy with h1ni and scrub typhus