A-077

Spontaneous and complete uterine scar rupture 26 days after caesarean section: A case report

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ABSTRACT

Introduction: Caesarean section rates have increased worldwide. Following this, the rate of uterine scar dehiscence or rupture has also increased in pregnancy. Rupture of lower uterine segment incision at post-partum is an extremely rare clinical condition. **Case Description:** We report a case of a 25-year-old patient, Para 1, at day 26 post caesarean section, who presented with lower abdominal pain with copious vaginal discharge. The examination was unremarkable. On pelvic ultrasound and Computerized Tomography, an anterior hyperechoic mass with fat attenuation within the mass was visible, measuring 3.3 x 7.2 x 7.7 cm and an anterior uterine wall defect was also noted. Based on the characteristic appearance, a diagnosis of scar dehiscence with lower segment haematoma was made. The patient underwent an exploratory laparotomy. There was a spontaneous and complete rupture of the lower uterine segment with omentum enclosing the defect. The debris, clot and fluids were evacuated, followed by repair of the defects in 2 layers with polyglactin suture material size 1. The patient's post-operative recovery was uneventful. Histopathology confirmed acute on chronic with granulation tissue formation. **Discussion:** This case illustrates that post-partum caesarean scar dehiscence or rupture is difficult to diagnose clinically, but radiological modality is essential to establish the diagnosis. As this patient is young, primiparous and with future reproduction function in mind, an exploratory laparotomy was performed as it is both diagnostic and therapeutic in this rare case.

A-078

Tuberculous meningoencephalitis in pregnancy: A case report

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ABSTRACT

Introduction: Tuberculous meningitis is a severe form of tuberculosis with high morbidity and mortality in pregnancy attributing to delayed diagnosis and initiation of therapy. **Case Description:** We report a case of a 27-year-old, Gravida 4 Para 2 at 25 weeks of gestation who presented with severe headache and vomiting. She gave a history of herpes zoster infection involving anterolateral aspect of the neck fourteen days prior to current presentation. Her father was diagnosed with pulmonary tuberculosis and has completed treatment one year ago. Neurological examination was unremarkable. MRI brain was normal. She progressed to have high grade fever associated with altered behavior. Empirical antibiotics and antiviral were started covering for meningoencephalitis as family declined lumbar puncture. Blood, urine, and high vaginal culture were negative. ECHO showed preserved ejection fraction with no evidence of vegetation. Connective tissue screening was negative. Despite escalation of empirical antibiotics and antiviral therapy there was no resolution of fever. Consent for lumbar puncture was obtained after repeated counselling. Empirical treatment for tuberculocolous meningoencephalitis was initiated. Cerebrospinal fluid TB PCR gene expert was positive. Marked improvement in behavioral and afebrile state was achieved within five days of anti TB therapy. Patient was discharged well from the ward at 32 weeks of gestation to complete antituberculosis treatment. She was induced at 38 weeks for gestational diabetes mellitus on treatment and had an uncomplicated vaginal delivery. **Discussion:** Early diagnosis of tuberculous meningitis requires high index of suspicion especially in women with relevant clinical manifestation and epidemiological factors. Lumbar puncture is valuable in establishing diagnosis.