



ACUTE ABDOMEN DUE TO UTERINE PYOMETRA : A RARE CASE REPORT

General Surgery

Jitendra. K. Mangtani

Professor, Department of General Surgery, MGMCH, Jaipur, India

Harshit. Agarwal*

Post Graduate Resident, Department of General Surgery, MGMCH, Jaipur, India
*Corresponding Author

Sakshi Singhal

Post Graduate Resident, Department of General Surgery, MGMCH, Jaipur, India

Farendra Bharadwaj

Assistant Professor, Department of Obstetrics & Gynaecology, MGMCH, Jaipur, India

ABSTRACT

Acute Abdomen is a condition encountered almost daily by the emergency surgeons all over the world. Identifying the exact cause of peritonitis is not always possible but knowing it significantly improves the approach, morbidity, and mortality. The most common cause of pyometra is malignancy of genital tract. Here we present a case of 65 yr female who presented with acute abdomen and on exploring the patient uterine perforation was seen. Patient biopsy turned out to be malignancy (Ca.cervix). A diagnosis of a perforated Pyometra should always be kept in mind as a possible cause of peritonitis in elderly women who present with acute abdomen.

KEYWORDS

1.INTRODUCTION:

Acute Abdomen is a condition encountered almost daily by the emergency surgeons all over the world. Identifying the exact cause of peritonitis is not always possible but knowing it significantly improves the approach, morbidity, and mortality. To establish a diagnosis of acute abdomen good history taking and thorough physical examination is of utmost importance. Various radiological modalities are used and helpful in making the diagnosis however establishing correct pre-operative diagnosis of peritonitis is still a diagnostic challenge for surgeons despite proper history taking and thorough clinical examination and advancement in radiological imaging modalities.^{1,2}

Pyometra is defined as an accumulation of pus in uterine cavity. Spontaneous perforation of uterus is a rare complication of pyometra, its incidence being 0.01-0.5%³. The most common cause of pyometra is malignancy of genital tract and sequelae of radiotherapy⁴. Other benign causes are cervical polyps, senile cervicitis, leiomyoma and congenital anomalies of cervix Spontaneous rupture of carcinoma cervix associated pyometra resulting in peritonitis is an extremely rare complication with only 7 cases reported till date⁵

We report an original case report of an unusual presentation of carcinoma cervix presenting as acute peritonitis in an elderly female, which was caused by a Perforation of Pyometra.

2.CASE REPORT:

A 65-year-old multi- Parous women presented to the emergency at MGMCH



Chief complaints-

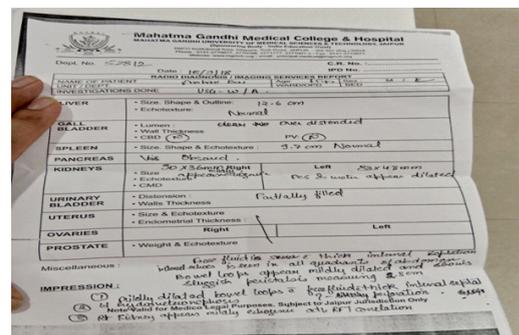
1. Diffuse Pain abdomen since last 4 days. Pain started in the right lower abdomen and then became diffuse and continuous associated with fever but no vomiting.
2. Obstipation – since last 4 days

EXAMINATION:

The patient was febrile and had tachycardia. On abdominal examination tenderness, guarding, and rigidity were present in the whole abdomen. On digital rectal examination ballooning was present (feature of intestinal obstruction). There was no history of bleeding per vagina (Per vaginal examination was not done)

RADIOLOGY:

USG abdomen – Free fluid in all quadrants of Abdomen, bowel loops were mildly dilated & showed sluggish peristalsis.

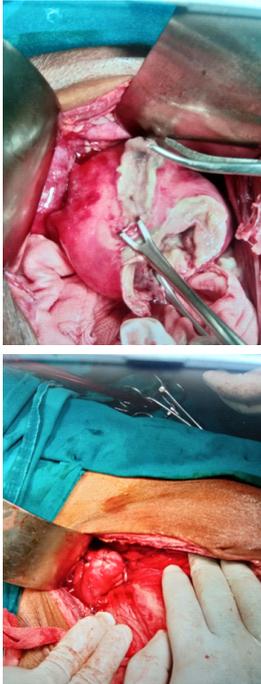


XRAY-FPA- Multiple air- fluid level Primary diagnosis of intestinal obstruction was made and patient prepared for exploration.

On exploration through midline adherent bowel loops were separated. 500 ml of purulent fluid was found to be present in peritoneal cavity. Pus flakes were present all through the peritoneal cavity. Rest of alimentary tract, gall bladder and liver were normal. On further Exploration, we found a perforation with a diameter of 4 cm over Fundus of the uterus. Gynecological consultation was taken and decision of P/V examination was done on table. P/V- Cervix revealed a growth which bleeds on touch. Lateral extension of growth extending to left parametrium which was seen infiltrating left ovary. A primary decision of repairing uterine perforation with block suture was made, as due to adhesions hysterectomy was not possible.

Biopsy revealed: Loss of stratification & cellular polarity with altered cell morphology, Penetration of basement membrane was seen suggestive of invasive carcinoma of cervix.

Patient was taken on chemo-radiotherapy after a CECT whole abdomen and followed up regularly.



3. DISCUSSION:

Pyometra, usually found in postmenopausal elderly females, is defined as the accumulation of pus or purulent material in the uterine cavity due to obstruction of normal pathway following benign or malignant pathology. Incidence of Pyometra in the elderly age groups is 13.6%.^{6,8}

The causes of a Pneumo peritoneum with peritonitis without a gastrointestinal tract perforation, are a perforated Pyometra, a perforated liver abscess and a ruptured necrotic liver metastasis⁷

In most of the cases, a diagnosis of a perforated pyometra was made intra-operatively, where suspected diagnosis was a gastrointestinal perforation⁶

Patient without malignancy have good prognosis, but patients with associated comorbid conditions and malignancy have poor prognosis⁹

4. CONCLUSION:

Per-vaginal examination should not be omitted & pre-operative CECT abdomen should be done in cases of acute abdomen causing a diagnosing Dilemma.

A diagnosis of a perforated pyometra should always be kept in mind as a possible cause of peritonitis in elderly women who present with acute abdomen.

REFERENCES

1. Chen SC, Lin FY, Hsieh YS, Chen WJ. Accuracy of ultrasonography in the diagnosis of peritonitis compared with the clinical impression of the surgeon. *Arch Surg* 2000;135:170-3.
2. Langell JT, Mulvihill SJ. Gastrointestinal perforation and the acute abdomen. *Med Clin North Am* 2008;92:599-625. viii-ix.
3. Iwase F, Shimizu H, Koike H, Yasutomi T. Spontaneously perforated pyometra presenting as diffuse peritonitis in older females at nursing homes. *J Am Geriatr Soc*. 2001 Jan;49(1):95-96.
4. Shapey IM, Nasser T, Dickens P, Haldar M, Solkar MH. Spontaneously perforated pyometra an unusual cause of acute abdomen and pneumoperitoneum. *Ann R Coll Surg Engl*. 2012;94:e246-e248
5. Vellanki VenkataSujathaGillellamudi SarathBabub Spontaneous perforation of uterine pyometra – A case report and review of literature *Apollo Medicine* Volume 10, Issue 3, September 2013, Pages 248-250
6. Chan LY, Yu VS, Ho LC, Lok YH, Hui SK. Spontaneous uterine perforation of pyometra. A report of three cases. *J Reprod Med*. 2000 Oct;45(10):857-60.
7. Omori H, Asahi H, Inoue Y, Irinoda T, Saito K. Pneumoperitoneum without Perforation of Gastrointestinal tract. *Dig Surg*. 2003;20:334-38
8. Ikeda M, Takahashi T, Kurachi H. Spontaneous perforation of pyometra: A report of seven cases and review of the literature. *Gynecol Obstet Invest* 2013;75:243-9.
9. Saha PK, Gupta P, Mehra R, Goel P, Huria A. Spontaneous perforation of pyometra presented as an acute abdomen: A case report. *Medscape J Med* 2008;10:15.