38. SEPTIC ABORTION: CLINICAL PRESENTATION AND MANAGEMENT.

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Introduction. The term "septic abortion" refers to a spontaneous miscarriage or therapeutic/artificial abortion complicated by a pelvic infection. Septic abortion remains a leading cause of maternal mortality globally, as result of unsafe abortion techniques. In developing countries, septic shock associated with septic abortion, represent 10% of maternal deaths, despite preventive measures and advances in the treatment of purulent-septic complications in obstetrics. Two major factors contribute to the development of septic abortion: retained products of conception and intrauterine infection. Pathogens causing septic abortion usually are mixed. Symptoms and signs of septic abortion typically appear within 24 to 48 hours after abortion and are similar to those of pelvic inflammatory disease and often those of threatened or incomplete abortion. Treatment of septic abortion is intensive antibiotic therapy plus uterine evacuation as soon as possible. In a systemic review of 65 studies of heterogeneous design, the overall proportion of diagnosed infection after abortion was 0.9 % in more than 46000 patients. Clinical improvement after fluids, antibiotics, and curettage should be seen within 6 hours. If there is insufficient clinical improvement after such treatment, then a hysterectomy may be necessary.

Case presentation. A 37-year-old female with no medical history was brought to the emergency department complaining of abdominal pain, fever 38,4C, oliguria, tachypnea, tachycardia, hypotension for the past 2 weeks. She underwent an induced abortion at 21 weeks gestation. Physical exam reveals diffuse abdominal tenderness, foul-smelling vaginal discharge. She was fully investigated, all the changes in the lab tests pointing to a septic complication (high leukocytosis). Final diagnostic: Septic abortion. Septic shock. Sepsis. MODS. SIRS. AKI. As a final method of treatment, total hysterectomy was performed, and antibiotic therapy was initiated with carbapenems, polymyxins.

Discussion. This case report highlights the significant morbidity in late term abortion and risk of mortality associated with septic abortion and the need for safe and prompt medical care.

Conclusion. Given the importance of timely recognition, prompt surgical source control, and broad-spectrum antibiotics in the effective management of septic abortion, vigilant consideration of this complication is essential in preventing maternal mortality and severe acute medical consequences of septic abortion (septic shock, multiple organ dysfunction, and death) and significant long-term consequences (persistent pelvic pain, chronic PID, infertility).