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Leptospirosis in Puerperium – A Case Report

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Introduction - Leptospirosis is a Zoonosis with varied clinical manifestations. It is very rare in pregnancy and Puerperium. Here we are reporting a case of Leptospirosis in Puerperium, manifested post LSCS, managed conservatively and patient recovered well.

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Leptospirosis in Puerperium – A Case Report

Dr. Sreelatha S [α], Dr. Bharathi A [σ] & Dr. Nethra H S [ρ]

I. Introduction

Leptospirosis is a Zoonosis with varied clinical manifestations. It is very rare in pregnancy and Puerperium. Here we are reporting a case of Leptospirosis in Puerperium, manifested post LSCS, managed conservatively and patient recovered well.

II. Case Report

Mrs. X aged 21 years, Tailor by occupation P1L1 with post LSCS, indication being Cephalo Pelvic Disproportion had emergency LSCS on 29-9-2013. She had atonic PPH of about 1000ml & had one unit of blood transfusion on the same day. Post-operatively she received I.V antibiotics, IV fluids. Patient developed high grade fever with chills on Post op Day 2. Routine investigations were sent. Her vitals were Pulse-120/min, BP – 110/70mg, Temp > 100°C. There was no pallor, CVS & RS was Normal. P/A-There was no guarding/tenderness, wound was clear without any discharge. Per vaginal examination showed minimal healthy lochia, without any forniceal tenderness. Laboratory investigations showed, Hb – 9.1 g/dl, Platelet count – 1.4 lakh/cu.mm, TC-11,800. Normal LFT, RFT, Na+ - 133 mEq, K+ - 3.7, Chloride-106, Widal, Peripheral smear for Malaria parasite & Dengue tests showed negative results. USG Abdomen showed post partal uterus, Solitary Gall Bladder Calculus and Hemangioma in right lobe of liver & Splenomegaly. I.V antibiotics continued, but fever persisted. On 3rd day of fever, Leptospira IgM test become positive by Microscopic Agglutination test.Then she was started with Inj Ceftriaxone + Sulbactum 1.5g 1-0-1, with Tab Doxy 100mg 1-0-1 for 7 days. Patient's general condition improved and she was afebrile after 3 days of antibiotics. Alternate sutures were removed on day 6 and complete on day8. Wound was healthy and patient was discharged on 12th post-operative day in afebrile and satisfactory state.

III. Discussion

Leptospirosis is a Zoonotic disease caused by pathogenic spirochetes of genus Leptospira. This disease is known by various names – weil's disease, Weil-Varilyev disease, Swine hard's disease, rice-field fever, Mud fever, Canicola fever, Many animals act as carriers or vectors. Human infection results from accidental contact with animals or environment contaminated with urine of rodents, cattle, swine, and dogs. Majority of infection are asymptomatic or subclinical or can result in mild flu-like illness1, 2. In few cases it is fatal and manifests as multi-organ failure, where the mortality rate ranges from 5-40%. Leptospirosis is very rare in pregnancy but acute infection can mimic HELLP syndrome or acute fatty liver of pregnancy3. It can result in intrauterine death in later months and spontaneous abortion in early months of pregnancy, congenital infection is rare and it is not an indication for termination of pregnancy4,5. The incubation period is 2 days to 3 weeks. The acute phase presents an acute febrile illness with fever, chills, myalgia, pain abdomen, diarrhoea, uveitis, conjuctival suffusion. The second immune phase is characterised by antibody production and presence of leptospires in urine. The icteric or severe form of disease is known as Weil's disease, occurs in 5-10% patients with leptospirosis with symptoms of Jaundice, renal failure, haemorrhage, cardiac arrhythmias, pneumonitis & hemodymanic collapse. Detection of leptospira is usually based on clinical recognition and serology: Anti leptospira antibodies are detected using microscopic agglutination test. A 4 fold rise in MAT-titre between acute and convalescent sera confirms the diagnosis of leptospira2. Leptospirosis is treated primarily with antimicrobial therapy. In uncomplicated infections oral doxycyline has been shown to decrease duration of fever and most symptoms. Hospitalised and complicated cases should be treated with intravenous Pencillin G which is the treatment of choice6. Recently 3rd generation Cephalospirins like cefotaxime & ceftriaxone are equally effective in treating the cases. As this is an occupational hazard it can be prevented by reducing contact with potentially affected animals & contaminated soil or water, wearing protective garments including footwear, gloves & eye protection. Chemoprophylaxis has been shown to be effective in persons with potential risk of exposure, with Doxy 250mg administered orally once in a week in highly efficacious.

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