Spontaneous Rupture of Pyometra – A Rare Cause of Peritonitis In Elderly Female

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ABSTRACT
The incidence of spontaneous perforations in pyometra is rare, being 0.01-0.5% in gynaecological patients. However, they are more common in postmenopausal females and their incidence is 13.6%. Here, we are reporting a rare case of peritonitis with a pneumoperitoneum in an elderly female, which was caused by a spontaneous perforation of pyometra. A 74-years old postmenopausal female with uncontrolled diabetes mellitus was admitted to surgical emergency with signs of diffuse peritonitis and she was in shock. After resuscitation, an emergency laparotomy was performed because of suspicion of a hollow viscous perforation with peritonitis. At laparotomy, about 2000ml of purulent fluid was found to be present in peritoneal cavity, while alimentary tract was intact. A rent with a diameter of 0.8 cm was found on fundus of uterus. A total abdominal hysterectomy with a bilateral salpingo oophorectomy was performed. Patient got discharged on 12th post-operative day without major complications. Histopathological studies revealed endometritis and myometritis, with no evidence of malignancy.

CASE REPORT
A 74-years old postmenopausal female with uncontrolled diabetes mellitus presented with pain in the abdomen, high grade fever which was there since 1 week and distension of abdomen which was there since 3 days, with no vaginal discharge. On systemic examination, she was found to be tachypnoeic, dehydrated and in shock. Diffuse tenderness, guarding and rigidity with an obliterated liver dullness was present on abdominal examination. Ultrasonography of abdomen revealed free fluid in abdominal cavity and on abdomen radiography, free gas was found under domes of diaphragm [Table/Fig-1]. Based on this picture, a provisional diagnosis of a hollow viscous was made.

After resuscitation, an emergency exploratory laparotomy was done. On laparotomy, 2000 ml of purulent fluid was found to be present in peritoneal cavity. Rest of alimentary tract, gall bladder and liver were normal. During peritoneal lavage, we found a perforation with a diameter of 0.8 cm over fundus of uterus [Table/Fig-2].

After taking consent of patient’s attender, an abdominal hysterectomy with a bilateral salpingo-oophorectomy was performed. Cut section of uterus revealed a necrotic patch at fundus, with no evidence of a mass or cervical stenosis. Post-operative recovery was uneventful and patient got discharged on 12th post-operative day. Histopathological studies revealed suppurrative endometritis and myometritis, with no evidence of malignancy.

DISCUSSION
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% [1]. The most common cause of pyometra is malignancy of genital tract and sequelae of radiotherapy [2]. Other benign causes are cervical polyp, senile cervicitis, leiomyoma and congenital anomalies of cervix.

Spontaneous perforation of uterus is a rare complication of pyometra. Only less than 25 cases have been reported in English

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Vijaya Patil et al., Spontaneous Rupture of Pyometra – A Rare Cause of Peritonitis In Elderly Female

Abdominal hysterectomy with bilateral salpingo-oophorectomy with cupious peritoneal lavage, may be the procedure of choice in these patients.

REFERENCES