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CLINICAL QUIZ

Clinical Quiz 1 MICU Pearl: Young lady referred from Women's Hospital to Medical ICU because of abdominal pain, fever and hypotension.

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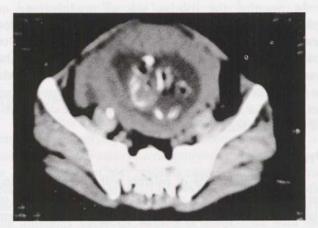
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Case Presentation:

Young lady referee from women's hospital to Medical Intensive Care Unit because of abdominal pain, fever (Temperature 39°C) and hypotension. She was pregnant 20 weeks on top of intrauterine device (IUD) and was evaluated as intrauterine fetal death. The diagnosis was septic shock due to intra-abdominal infection. Looking for the source of infection, CT abdomen and pelvis was done (*Figures 1 and 2*).

Question:

What is the diagnosis?





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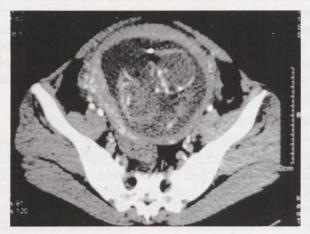


Figure 2

Answer:

Chorioamnionitis on top of IUD with intra-uterine fetal death.(Gases inside the fetus, amniotic fluid, and uterine wall indicating infection with gas forming organism.)

Discussion:

Intrauterine devices are one of the most effective and least expensive long-term methods of contraception currently available to women. The main mechanism of contraceptive action of IUDs in human is a spermicidal effect. Resumption of fertility after removal of IUDs is rapid and occurs at the same rate as resumption of fertility after the discontinuation of barrier methods of contraception.

Contraindications to IUDs:

- * Pregnancy or suspicion of pregnancy.
- * Acute pelvic inflammatory disease.
- * Postpartum endometriosis.
- * Infected abortion in the past three months.
- * Uterine and cervical malignancy.
- * Genital bleeding of unknown etiology.

- * Untreated acute cervicitis
- * A previously inserted IUD that has not been removed

Nulliparity is not a contraindication to IUD use.

When pregnancy occurs with an IUD in place, implantation takes place away from device itself, so the device is always extra-amniotic. In most of reported series of pregnancy with any type of IUD in situ, the incidence of fetal death was not significantly increased; however a significant increase in spontaneous abortion has been consistently observed. There is approximately a three fold increase in the risk of ectopic pregnancy if a women becomes pregnant with IUD in place.

Intraamniotic infection (IAI) refers to infection of the amniotic fluid, membranes, placenta, and/or uterus. Other terms used to describe this condition include chorioamnionitis, amnionotis, amniotic fluid infection, and intrapartum fever.

References:

- Vessey MP, Lawless M and Mcpherson K. Fertility after stopping use of intrauterine contraceptive device. Br. Med J-1983; 386, p 106.
- Tatum HJ, Schmidt FH and Jain AK. Management and outcome of pregnancies associated with the copper T intrauterine contraceptive device, Am J. Obstet. Gynecol. 1976; 15, p. 525.

Risk factors for choriamnionitis:

- * Maternal age less than 21 years
- * Nonwhite race
- * Not married
- * Not a house wife
- * Nulliparous
- * Previous infant loss
- * Birth interval more than 6 years
- * Preterm labor (less than 36 weeks)
- * Gestational age more than 40 weeks

Common organisms isolated from amniotic fluid of patients with intraamniotic infection are ureaplasma urealyticum, any gram negative anaerobe, mycoplasma hominis, bacterois bivius, and gardnerella vaginalis.

- 3. Vessey MP, Johnson B and Dull R. Outcomeof pregnancy in women using an intrauterine device, Lancet 1974; 1, p 495.
- Sivin 1. Ectopic pregnancy risks with intrauterine contraceotion, Obstet Gynacol 1991, 78, p. 291.
- Newton, ER. Chorioamnionitis and intraamniotic infection. Clin Obstet Gynecol 1993; 36, p 759.

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