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# Fulminant puerperal sepsis due to group A *Streptococcus*-Key management issues

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Puerperal sepsis remains a leading cause of maternal mortality throughout the world. Group A streptococcal(GAS) infections are relatively rare with an incidence of 0.5 cases per 10,000 deliveries. The diagnosis can be elusive due to the varied and atypical presentation.This delay could be fatal due to the rapid, aggressive nature of invasive disease. Progression is associated with streptococcal toxic shock syndrome where mortality rates approach 40-60%. Postpartum women have a 20 fold increased incidence of GAS disease compared with non-pregnant women, most of them follow vaginal delivery and occur within the first 4 days postpartum.We present a 27 year old Omani lady who presented 2 days following a vaginal delivery with unremitting abdominal pain, septic shock, thrombocytopenia and deranged coagulation. Multiorgan involvement followed. After aggressive fluid replacement, IV broad spectrum antibiotics, resuscitation and correction of coagulation parameters, a subtotal hysterectomy, bilateral salpingectomy and partial resection of necrotic areas of both ovaries with thorough peritoneal lavage was performed. All cultures grew GAS. A stormy postoperative period followed. She was discharged home 19 days later.GAS related invasive infections in the form of endometritis, necrotizing fasciitis or streptococcal toxic shock syndrome. Toxins released spread along tissue planes causing necrosis. Awareness, early diagnosis, aggressive emergent management with fluid resuscitation and broad spectrum antibiotics (IV Benzyl Penicillin and Clindamycin) can be life-saving. A review of management issues,published guidelines and current protocols will be presented.

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