Postpartum Perforation

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Clinical Image

Description

A 31-year-old primiparous woman was admitted for active management of the third stage of labour following a community postpartum haemorrhage. Day 4 post-delivery, the patient developed gradual onset of mild right upper quadrant pain with progression to bilious vomiting and a peritonitic abdomen. Biochemical blood markers were non diagnostic and within normal limits. Computed tomography of the abdomen and pelvis revealed transluminal free air traversing the anterior duodenal wall (Panel A), supine pneumoperitoneum with note of the postpartum uterus (Panel B). The patient was taken to the operating theatre for diagnostic laparoscopy with intraoperative findings of bilious and fibrin like material adhering to the liver surface and perforation of the anterior duodenal wall (Panel C). Non specific abdominal pain is a common symptom during the postpartum period whilst peptic ulcer disease and symptoms usually improves in pregnancy for reasons that are not well understood making peptic ulcer perforation a rare but important differential of the postpartum surgical abdomen.
