

Placental abruption in a setting of perforated acute appendicitis: A case study

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ABSTRACT

Introduction: Placental abruption has an incidence of around 3.5 to 3.8% in Asian countries. Risk factors include medical disease such as pre-eclampsia and intrauterine infection. There are several reported cases of placental abruption that present together with acute appendicitis. However, the diagnosis of acute appendicitis in pregnancy is often limited in view of the physiological and anatomical difference in pregnant women. **Case Description:** A 27-year-old lady, gravida 3 para 2 at 30 weeks 1 day of gestation presented with generalised abdominal pain, but no per vaginal bleeding and fetal cardiotocography (CTG) was normal. She had a previous history of visiting Emergency Department one day prior for abdominal pain and was treated as gastritis. There was generalised abdominal tenderness with woody hard uterus on abdominal palpation. Ultrasound examination showed retroplacental clot around 5 x 4 cm. An emergency caesarean section was performed for placental abruption. A 50 ml retroplacental blood clot was seen and there were other abnormal findings seen in the pelvis. Post operatively, patient complained of abdominal pain, distension, with persistent tachycardia. An exploratory laparotomy was performed with a finding of perforated appendicitis with transection of body of the appendix. **Discussion:** Acute appendicitis may increase the inflammatory markers in the body and therefore may lead to placental abruption through a specific cascade, by causing the degradation of elastase and matrix metalloproteinases. Therefore, there should be a high index of suspicion of acute appendicitis in pregnant women presented with placental abruption, especially in those with no other obvious risk factors.

Reactivation of latent tuberculosis post SARS-CoV-2 infection

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ABSTRACT

Introduction: Tuberculosis (TB) is an airborne infectious disease caused by the Mycobacterium tuberculosis (MTB) complex. It attacks the lungs and other extra-pulmonary sites. It remains a major public health concern in Malaysia with incidence of 79/100,000 in 2015. **Case Description:** We report a case of a 29-year-old lady, presented with a complain of generalised abdominal pain for 2 months. Patient had Covid-19 infection in pregnancy 8 months ago and underwent lower segment caesarean section at term for fetal distress. In 2018 she had TB screening for contact tracing which turned out to be negative. In this current presentation, a Computerized-Tomography (CT) Abdomen-Pelvis scan reported a left ovarian lesion with pseudomyxoma peritonei and omental caking. Diagnostic laparoscopy showed dense adhesions between peritoneal wall and surrounding organs with multiple pockets and fluid collections seen. Whitish friable lesion seen over the peritoneum. Samples sent for histopathology, culture and sensitivity and MTB PCR. Histopathology sample returned as caseating granuloma; suggestive of extrapulmonary tuberculosis. Microscopically, acid fast bacilli seen in Ziehl-Neelsen staining. Peritoneal fluid was transudative in nature. The diagnosis of peritoneal tuberculosis was established, and patient was referred to Infectious Disease team for treatment of active TB. **Discussion:** Reactivation of latent TB may be explained by immune-suppressive state associated with Covid-19 may be implicated in the progression of latent to active TB in a similar manner to HIV. Very few cases post Covid-19 activation of latent TB have been reported. This is one such a case.