

CASE REPORT

TUBERCULAR GRANULOMA OF CESAREAN SECTION WOUND: 'DIAGNOSED IN IMMEDIATE POST-OPERATIVE PERIOD OF CESAREAN SECTION BY SKIN BIOPSY'

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ABSTRACT: 20 yr old primigravida with postdated pregnancy taken for cesarean section with an indication of failure to progress. Uneventful surgery post operatively developed skin sloughing, gangrene and necrosis. Biopsy yielded the diagnosis of tuberculosis. Primary tuberculosis in lung and abdomen was ruled out. Wound started healing after anti tubercular treatment.

KEYWORDS: Tuberculosis, granuloma, cesarean wound.

INTRODUCTION: Tubercular granuloma of operative wound is very rare in immediate post-operative period of cesarean section which was non-healing with progressive spreading with central necrosis diagnosed by skin biopsy. Tubercular granuloma is a chronic disease. It is caused by mycobacterium tuberculosis.

CASE REPORT: A 20 years old primigravida with postdated pregnancy in labour with failure to progress with no history of PROM was taken for emergency cesarean section at BRIMS Hospital Bidar. Infraumbilical median vertical incision was taken. A live healthy baby was extracted. Intra operative period was uneventful. Immediate post-operative period she was complaining of throbbing pain at operative site at 3rd stitch. patient had fever and chills on 4th post-operative day. On 6th post-operative day dressing was soaked, On removal of dressing there was blackening of the skin around the 3rd stitch with purulent discharge. Pus and swab sent for culture and sensitivity. Board spectrum of antibiotics was continued.

There was progressive increase in blackening of the skin day by day about 1cm/ per day, Aerobic culture report came as sterile after 48 hrs. On 10th post-operative day for blackening, sloughing of skin with purulent discharge, dermatologist opinion was taken. He diagnosed it as Non-healing ulcer with central necrosis with clinical diagnosis of Actinomycosis, advised skin biopsy and Antifungal treatment. Same day surgeon was called skin biopsy taken and sent for HPE. Dead skin was excised and post-operative fresh blood transfusion was given. Even after the excision of dead tissue, progressive spreading of infection was noticed. The ulcer involved all most all the lower abdomen, irregular, transverse, oval shaped.

Upper margin was near umbilicus lower margin 2cms above symphysis pubis. 2nd time in major OT under anesthesia along with surgeon skin debridement done.⁶ Excised unhealthy tissue with ½ cms of healthy tissue all around. Because of post pregnancy, abdominal wall was lax and loose, skin of upper margin of the wound was approximated with lower margin wound with tension sutures to decrease the raw area. HPE report came as tubercular granuloma of skin. Case is referred to DOT Center. Anti-tubercular treatment started. Gradually wound was healed with

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good granulation tissue. 1st two months four drugs regime was given mean time she improved well and discharged with two drugs regime for 6th months.

DISCUSSION: Tubercular granuloma is a chronic inflammatory conditions with incubation period of one week to a month.¹ Though various Mycobacterium can produce cutaneous infection, surgical wound infection of post-operative period is very rare.² In this case diagnosis was made by skin biopsy report. Usually immediate post-operative wound infection with purulent discharge thought to be bacterial infection.^(7,8,9) Here it was ruled out by aerobic culture which was sterile. We have missed to send the pus for Z-N staining. No foreign body (MOP) intra abdominally confirmed by USG. It resembled iodine or spirit allergic lesion, irritant contact dermatitis, then sub dermal gangrene next stage like Necrotizing fasciitis.

Dermatologist clinically diagnosed as actinomycosis. The biopsy which helped for the ultimate correct diagnosis as tubercular granuloma referred to DOT ⁽⁵⁾ Center treated with Anti tubercular treatment, after confirmation of extra pulmonary lesion only. Chest X-ray-NAD, ESR-normal level, HIV-non reactive. No history of TB in family. VDRL – non reactive source of infection through autoclaved operative instruments is rare cases 90% of cases asymptomatic cases. In this case pregnancy and operation stress might have exaggerated the asymptomatic foci of infection.

CONCLUSION: routinely it is better to send for Z-N staining wherever we are sending for aerobic culture. In non-healing progressive spreading wound skin biopsy is a must which yields the correct diagnosis and helps for early treatment.

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