



Fecal Peritonitis Following Cesarean Section: A Rare but Severe Complication in a Resource-Limited

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Background:

Fecal peritonitis is a rare but life-threatening complication following cesarean section (C/S), with an incidence of approximately 0.36%. Common causes include Ogilvie’s syndrome and iatrogenic bowel injury during complicated surgeries. In Ghana, C/S rates exceed 20%, but there has not been a corresponding increase in skilled surgical personnel. Sepsis, occurring in up to 7% of C/S cases, remains the third leading cause of maternal mortality in low- and middle-income countries (LMICs) following hemorrhagic emergencies and hypertensive crises.

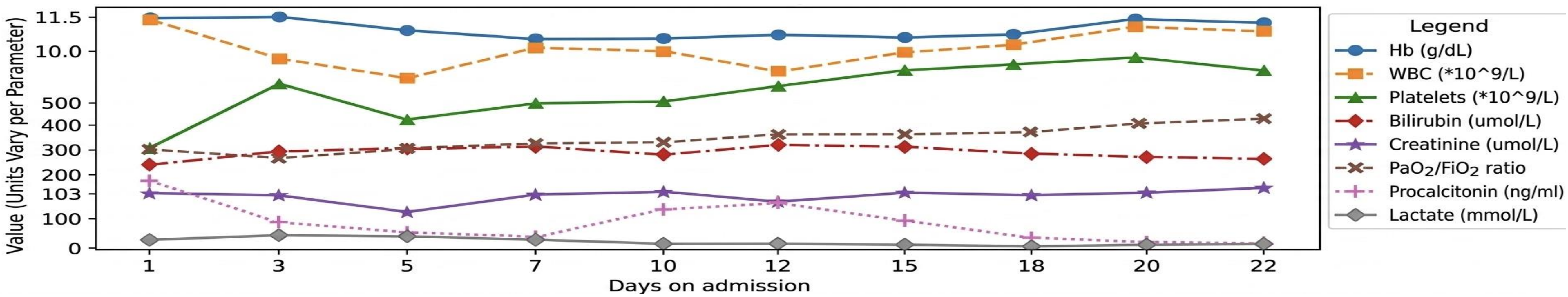
Description of the Case

We report a 33-year-old woman who developed septic shock secondary to fecal peritonitis following an emergency C/S for pre-eclampsia. She had a history of extensive myomectomy 3 years prior. Emergency C/S lasted over 3 hours and was complicated. Five days postoperatively, she developed intestinal obstruction. Exploratory laparotomy revealed ischemic transection of the proximal sigmoid colon, fecal contamination, and extensive adhesions. She underwent exploratory laparotomy, sigmoid colostomy, and creation of a distal mucus fistula to manage fecal peritonitis. Additionally, she required a relaparotomy to drain pelvic abscess.

Discussion:

The patient was managed in the ICU for 32 days. She received aggressive resuscitation, including vasopressors, inotropes, and up to 10 liters of crystalloids. Monitoring included SOFA score, procalcitonin, lactate, and other labs. She required mechanical ventilation, blood transfusions, and a 14-day course of broad-spectrum antibiotics. Early referral to a tertiary facility and access to financial resources for advanced care were crucial to survival. She was discharged with a colostomy and stable vital functions.

Graph 1. Summary of investigations from Day of Admission (DOA) 1 to 22. WBC (white blood cells), PaO₂/FiO₂ ratio (ratio of arterial oxygen partial pressure to fractional inspired oxygen).



Learning Points

As C/S rates rise in LMICs, the risk of severe postoperative complications like fecal peritonitis increases. Addressing this requires improved surgical training, robust referral systems, and better-resourced tertiary centers to reduce maternal sepsis-related mortality.