Cesarean section for women with dengue fever and thrombocytopenia complicated by post-partum psychosis: case report

Background
Post-partum psychosis (PPS) is a severe psychiatric condition affecting small proportion of women shortly after child birth. The incidence of PPS is 1-2/1000 child births. The pathophysiological mechanism and underlying risk for the condition are poorly defined, but may include; altered immune function, altered tryptophan metabolism and serotonergic dysfunction.1 This case report represents a case of cesarean section for women with dengue fever and thrombocytopenia complicated by post-partum psychosis to highlights the importance of multidisciplinary team approach in management of such cases.

Case report
A 34-years-old woman, un-booked case G3P1, pregnant 37 weeks’ gestation, presented to the gynecology triage of our hospital (Santosh medical college Ghaziabad) complaining of abdominal pain of 3 hours duration and one episode of fever. She had past obstetrics history of lower segment cesarean section (LSCS) done 14 months ago due to non-progress of labor. Her current pregnancy achieved spontaneously, while she is nursing and lactating her bay on top of irregular cycles. On examination; she was afebrile (temperature 37.2°C), pulse rate was 90 beats/min, blood pressure was 110/70 mmHg. She had no respiratory or cardio-vascular symptoms. Abdominal examination showed; fundal uterine level of full term pregnancy, with fetal heart rate of 134 beats/min, vertex presentation, 2/5 of the fetal head felt abdominally and no previous cesarean section scar tenderness.

Vaginal examination showed; the uterine cervix was effaced with 2 cm dilated, pelvis was adequate, hence the studied woman was admitted as a case of previous LSCS early in labor under observation. On next day her baseline investigation showed; thrombocytopenia (platelet count 68,000/mm^3) and attacks of persistent on and off fever which was managed with antipyretics and intravenous hydration.

The septic profile and cultures were completely negative and no previous cesarean section scar tenderness.

Diagnosis of the studied case as post-partum psychosis was done based on her psychotic symptoms; delusion, hallucination, fear from family members with normal examination and investigations. Previously, authors concluded that the post-partum sleep deprivation may lead to development of mental and behavior disorders and subsequent PPS. The PPS of the studied case can be caused by the stress of 2 consecutive cesarean sections, increased corticosteroid level during pregnancy, hypercortisolemia and thrombocytopenia complicated by post-partum psychosis to highlights the importance of multidisciplinary team approach in management of such cases.

Acknowledgments
None.
Conflicts of interest

The author declares there are no conflicts of interest.

References