

Group B Strep Endocarditis Secondary to Postpartum Sacral Insufficiency Fracture.

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Summary

A 31-year-old with heart failure symptoms postpartum. Other postpartum events include sacral insufficiency fracture with hematoma, endocarditis that necessitated valve replacement. It is postulated that the hematoma provided a nidus for infection.

Background

Shortness of breath in the postpartum period is a fairly common complaint which needs to be taken seriously by physicians. There have been relatively few cases of postpartum sacral insufficiency fractures worldwide.⁵ The incidence of infective endocarditis is 5 per 100,000 per year with a mortality rate of 10%.⁽⁴⁾ There have been several cases of Group B Strep tricuspid following vaginal birth or abortion.⁽¹⁻³⁾ This case, though rare, shows how a common complaint can lead to an uncommon diagnosis.

HPI

The patient is a 31-year-old Hispanic female who presents to the ED for a 1-week history of worsening shortness of breath. The patient's past medical history includes a vaginal delivery 4 weeks prior after an unremarkable pregnancy and was GBS negative. She had a sacral insufficiency fracture post partum and was placed on bed rest by her obstetrician.

Six days prior to admission she developed shortness of breath worsened. She started to develop sharp chest pain. She was taken to a prompt care where she was diagnosed with pneumonia due to multiple patchy infiltrates seen on chest radiograph and started on levofloxacin.

She started to spike fevers over the next several days prior to admission. On admission, she was requiring 3L of oxygen, was having orthopnea and lower extremity edema, with worsening pelvic pain.

Diagnosis

A CT of her pelvis in the ED showed a pelvic hematoma with sacral fracture again noted. She showed signs of heart failure so an Echocardiogram was performed which showed right sided heart failure and vegetative mass on the tricuspid valve. She was taken for Cardiothoracic surgery and had a tricuspid valve replacement.

Cultures of the vegetation at the time of surgery were positive for Group B Strep. She was started on ampicillin and gentamycin. In the postoperative period she began to spike fevers and was started on ceftriaxone. Cultures were not obtained of the pelvic hematoma during her stay due to the instability of the patient.

Outcome

A CT was performed 9 days post op for continued fevers which showed a large right sided cavitary lung lesion with large effusion. This was thought to likely be secondary to septic

emboli. She was taken for VATS procedure with decortication. A hemothorax was also found at time of surgery. After the procedure, she became afebrile.

She was continued on IV Ceftriaxone for 6 weeks and followed up with infectious disease specialist. She continued to improve as an outpatient. She has since moved from the area and has had some recurrence of her shortness of breath, thought to be due to her prosthetic valve, for which she has had to have additional surgery.

Discussion

This is a rare case, though it does provide for good learning opportunities. The pelvic hematoma likely provided a nidus for infection. Limitations of this case include lack of cultures of the hematoma to confirm this hypothesis. If the patient would have been stable, the hematoma would have been drained and cultured. In cases of endocarditis, it is very important to search for potential causes of this condition to limit the possibility of recurrence in the future.

Learning Points

- Shortness of breath in the postpartum period can be a serious condition.
- A nidus for infection in endocarditis must be explored to its fullest extent.

References

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