INTERESTING CASE

Received: 12 October 2008 / Accepted: 18 January 2009

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A rare case of simultaneous surgery of an odontogenic space infection and delivery by caesarean section in a pregnant patient

Case report

A 34-year-old female patient was rushed to the Intensive Care Unit (ICU) of a private nursing home with the complaint of severe respiratory distress and tense swelling on the right side of the face.

The patient was attended by a critical care physician. The patient's chief complaint was tender swelling in the right cheek region. History revealed pain in the mandibular right third molar (48) for the past ten days and a gradually increasing swelling with difficulty in breathing. It was also ascertained that the patient was full-term pregnant and the delivery was due within a day or two (as per the gynaecologist). In addition, the patient was anaemic (Hb < 8 gm %).

A team of doctors consisting of a Critical Care Physician, an Anaesthesiologist, a Gynaecologist and a Maxillofacial Surgeon was involved in giving first aid to the patient.

The first line of treatment was to start I.V. (Intravenous) fluids and provide antibiotic cover using an injectable Cephalosporin (Ceftriaxone).

Keeping in mind the systemic condition (unfavourable condition) of the patient, it was decided to deliver the baby by inducing labour and thereafter dealing with the space infection. Mesoprostol was administered through vagina for induction of labour followed by Dinoprostone Gel (Prostaglandin E_2).

After failed attempts to induce labour and taking into consideration of the alarming condition of the patient, a joint decision was made to perform the Caesarean Section and Incision and Drainage (I&D) of the space infection simultaneously under General Anaesthesia. However, because of reduced mouth opening, intubation was difficult and it was decided to perform a tracheostomy (if required). A grade four informed consent including consent for tracheostomy was taken before starting the procedure.

Oro-Tracheal Intubation was performed and a Caesarean Section was undertaken, delivering a healthy child. Thereafter, the space infection was drained extraorally and rubber drains were put in place. The patient was extrubated and we were successful in saving both the mother and the baby.

The baby was transferred to the Neonatology department for next three days to minimise the chances of cross infection from the mother to the child.

The patient was discharged after seven days and was recalled weekly for the next two months. The mandibular right third molar (48) was extracted after two weeks under Local Anaesthesia.

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Source of Support: Nil, **Conflict of interest:** None declared.