Postpartum Necrotizing Endomyometritis Requiring Emergency Hysterectomy

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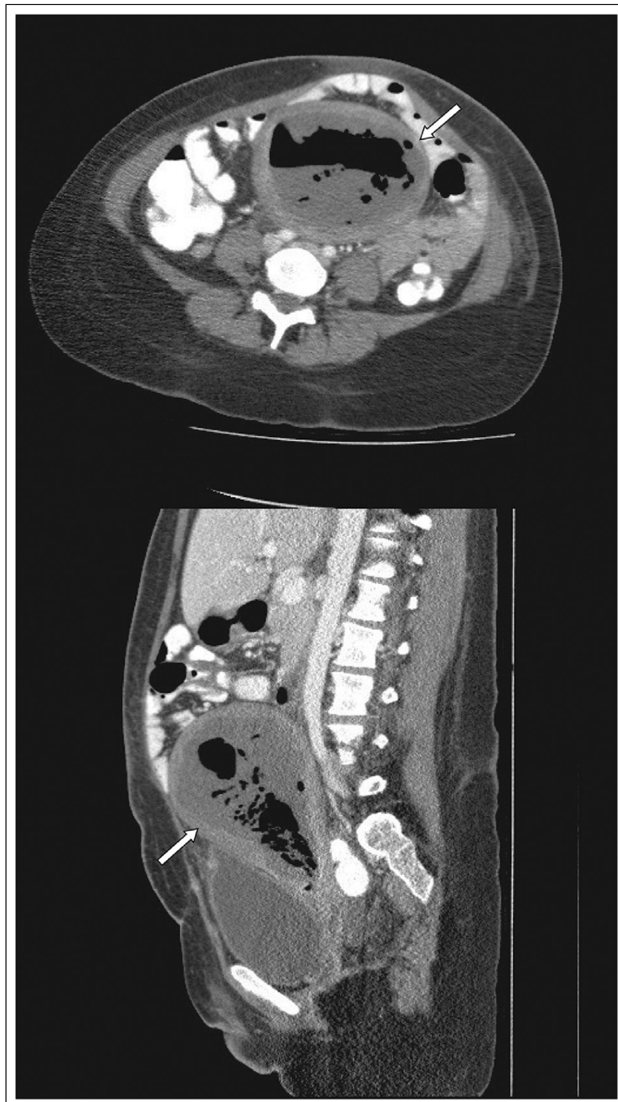
A 33-year-old primigravid woman underwent cesarean delivery for failure to progress and chorioamnionitis, complicated by spontaneous posterior uterine rupture. Eleven days later, she presented to the emergency department with fever, abdominal pain, and foul-smelling lochia. Imaging was negative for retained products, and she was admitted for broad-spectrum intravenous antibiotics for endometritis. After 4 days, she showed no improvement. A computed tomography scan was performed and showed a large volume of fluid and gas in a distended endometrial cavity (8.0 × 10.2 × 13.3 cm) (Figure).

Figure.



Despite attempted transcervical drainage, there was minimal output and no clinical improvement over 24 hours. The patient consented to hysterectomy with bilateral salpingectomy. Surgery revealed a boggy, foul-smelling uterus and adherent purulent debris within the cavity. The patient recovered well postoperatively, and final pathology confirmed necrotizing endomyometritis secondary to multidrug-resistant *Escherichia coli*.

Endometritis with multidrug-resistant Enterobacteriaceae is rare.[1,2] When imaging suggests aggressive uterine infection, antibiotics alone may be insufficient, and surgery might be necessary.

Consent: Consent to publish these images was obtained from the patient.

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