

## A Case of *Staphylococcus lugdunensis* Related Pyomyoma Occurring after Cesarean Section

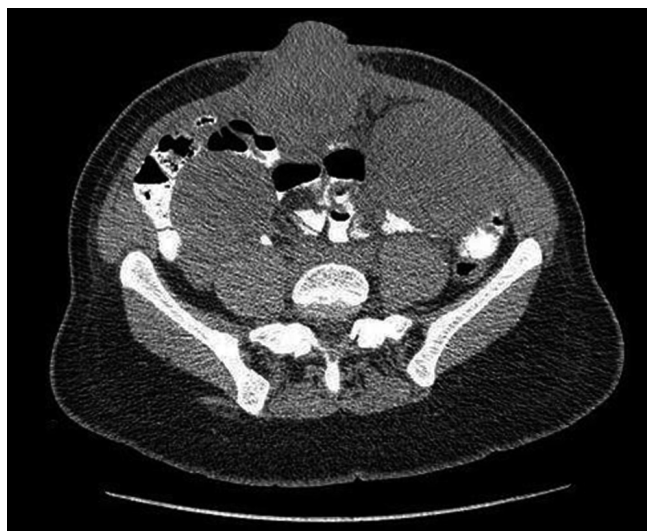
Sir,

Pyomyoma (suppurative leiomyoma) is a rare condition occurring from infarction and infection of a leiomyoma that typically occurs in pregnant women or postmenopausal women who have vascular disease.<sup>[1]</sup> It can result in complications, such as bacteremia, uterine rupture, and even death.<sup>[2]</sup> The diagnostic triad of pyomyoma is the following: 1) sepsis; 2) leiomyoma uteri; and 3) no other apparent source of infection.<sup>[3]</sup>

A 30-year-old female presented with fever and a 6 × 5 cm painful abdominal mass with purulent discharge [Figure 1]. She had fibroids and eight weeks prior to admission, she had an uncomplicated cesarean section. CT revealed pedunculated fibroids, largest measuring 8.6 × 5.9 cm [Figure 2] with secondary degenerative infection. Wound cultures grew *Staphylococcus lugdunensis*, *Staphylococcus epidermidis* and *Peptostreptococcus*. She was started on intravenous vancomycin and avelox. At exploratory laparotomy, she was found to have a uterus with pus-filled necrotic fibroids protruding through the abdominal wall. She had a resection of the necrotic fibroids and repair of the abdominal wall. Cultures grew *Staphylococcus lugdunensis*. She was discharged home one week later.



**Figure 1:** Abdominal mass protruding through umbilicus with purulent discharge



**Figure 2:** CT scan of abdomen confirming gas in the leiomyoma

*S. lugdunensis*-related pyomyomas have never been described in the literature and may tend to have a more fulminant course unlike infections caused by other coagulase-negative staphylococci.<sup>[4]</sup>

A delay in diagnosis may result in fatal complications,<sup>[5]</sup> which was not the case in our patient who received adequate surgery and broad-spectrum antibiotics that decreased serious morbidity and mortality.

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**REFERENCES**

1. Tobias DH, Koenigsberg M, Kogan M, Edelman M, LevGur M. Pyomyoma after uterine instrumentation. A case report. *J Reprod Med* 1996;41:375-8.
2. Mason T, Adair J, Lee Y. Postpartum pyomyoma. *J Natl Med Assoc* 2005;97:826-8.
3. Greenspoon JS, Ault M, James BA, Kaplan L. Pyomyoma associated with polymicrobial bacteremia and fatal septic shock: Case report and review of the literature. *Obstet Gynecol Surv* 1990;45:563-9.
4. Bello C, Eskandar M, El GR, Sobande A, Nour H, Shafiq H. *Staphylococcus lugdunensis* endometritis: A case report. *West Afr J Med* 2007;26:243-5.
5. Sah SP, Rayamajhi AK, Bhadani PP. Pyomyoma in a postmenopausal woman: A case report. *Southeast Asian J Trop Med Public Health* 2005;36:979-81.

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