

## A 31-year-old pregnant woman with fever and cholestasis

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### Case Presentation

**CC:** Fever, chills, nausea, decreased fetal movement (FM)  
**HPI:** 31yo G1P0 @ 35wks w/ di/di twin gestation

<b>3 weeks prior</b>	Mild pruritus of palms and soles -Afebrile, Normotensive, +FM, +FH tones x2 -Labs: ALT 138, AST 78, Alk Phos 233, Bile acids 33 -Cholestasis of pregnancy->Ursodiol
<b>2.5 weeks prior</b>	Persistent itching, nausea, occasional vomiting -New pruritic rash on abdomen->PUPP -Reassuring BPP
<b>Day prior</b>	Decreased fetal movement and feeling "crummy" x1 week -Nausea, dec appetite, urinary freq, fevers, and chills -No bleeding, LOF, dysuria -Contractions during previous 2 days -> resolved

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### Case Presentation

**Past Medical**

- Sickle-cell trait
- GERD
- Exercise-induced asthma
- C. difficile* infection
- Pancreatitis

**Family**

- Father w/ DVT
- Husband did not carry the sickle-cell trait

**Social**

- Married
- Works in medicine
- No T/A/D
- No lunch meat or soft cheeses
- Ate boiled hot dogs and commercial-brand hummus through out pregnancy

**Medications**

- Ursodiol
- Ranitidine
- Albuterol inhaler

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### Case Presentation

<b>Exam:</b>	T 38.1°C , BP 120/71 , HR 66, RR 22 -Abd: soft, non-tender ----- -FHT: Twin A 140 and Twin B 150 w/ accels, mod variability, no decels -Toco: contractions q 4 min->IVF-> contractions q 8 min
<b>Labs:</b>	CBC and UA wnl Urine Culture pending
<b>A/P:</b>	-1gram of Acetaminophen + IVF  -Discharged home later that evening and advised to monitor her temperature, return in 2 days for evaluation in clinic  -Induction of labor was scheduled for 5 days after this evaluation.

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### Case Presentation

The next day

<b>HPI:</b>	38.1°C at home -> 1 gram of acetaminophen  She reported feeling tired and ill, with nausea, loose stools, rigors, arthralgias, and myalgias
<b>Exam:</b>	T 36.7°C -> 38.4°C , BP 133/71 , HR 75 -Abd: warm, non-tender -Ext: +1 pitting edema ----- -FHT: Twin A 170 and Twin B 180 w/ accels, mod variability, no decels -Toco: irregular -SVE: closed/ long / high -US : Vertex/Vertex

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### Case Presentation

<b>Labs:</b>	-WBC: 5,940 Hct:30.1 -Basic Chemistry wnl -AST: 54 ALT: 37 Alk Phos 263 Tbili: 0.5 D Bili 0.2 -Amylase 176 , Lipase wnl -Urine Cx, Blood Cx and GBS pending
<b>A/P:</b>	Amp/Gent + IOL w/ Oxytocin for presumed chorio  <b>Differential:</b> -Intra-amniotic infection with intact membranes (GBS) -Listeriosis -Viral infection (acute CMV, hepatitis, influenza, echovirus) -Pyelonephritis -Appendicitis

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### Blood culture results

- Two sets of aerobic and anaerobic blood cultures were collected.
- Within 24 hours, both sets turned positive.
- Gram stain was performed.

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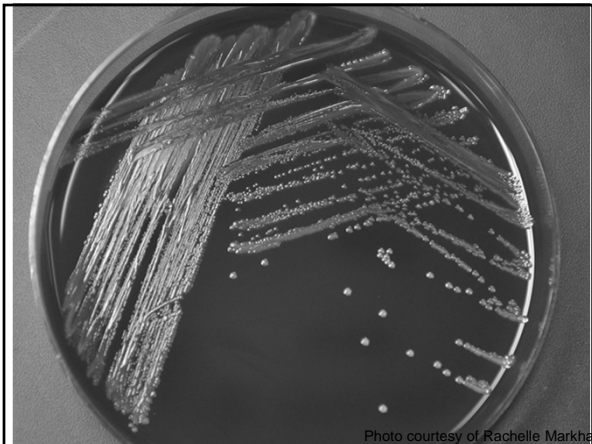


Photo courtesy of Rachelle Markha

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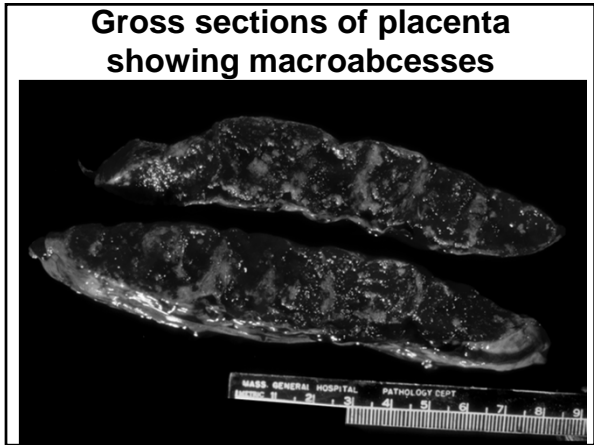
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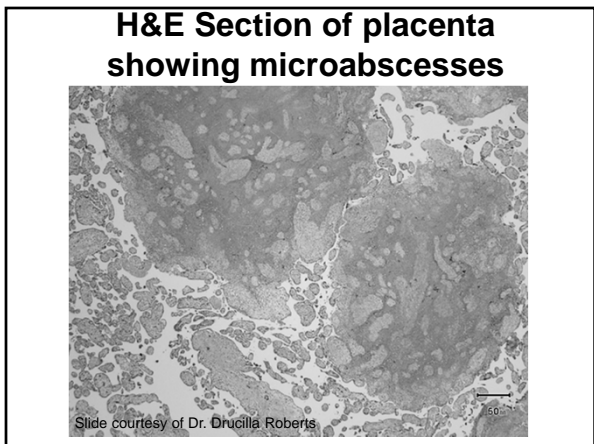
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**Diagnosis?**

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**Listeriosis: Implicated Foods**

Hot dogs, lunch meats, cold cuts (chilled or room temperature)

Refrigerated pâté and meat spreads

Refrigerated smoked seafood

Raw (unpasteurized) milk

Unpasteurized soft cheeses: feta, queso blanco, queso fresco, Camembert

Unwashed raw produce

ACOG, CDC

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**Listeriosis: Hummus**

- Commercially prepared hummus
  - Sporadic cases: 6-fold increased risk
  - United States 2015: voluntary recall of 30,000 cases of hummus due to concern over *Listeria* contamination

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## Listeriosis in Pregnancy

- Majority of affected women healthy
- Most diagnoses in third trimester
- Multiple gestation increases risk

### Our patient

- Fever, rigors, malaise
- Nausea, loose stools
- Arthralgias, myalgias
- Symptom duration (one week)
- Fetal intolerance of labor
- Third trimester
- Multiple gestation
- Commercial hummus consumption

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## Treatment

- Received ampicillin and gentamicin
- Renal insufficiency developed and gentamicin was stopped
- Ampicillin 2gm IV q4h x 2 weeks from first negative blood culture
- Infants: neg BC and lumbar punctures
  - Amp/Gent for 1 week

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