

Group A streptococcal infections in obstetrics and gynecology.

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Description

Lancefield Group A *Streptococcus* is an important global pathogen with the ability to cause significant disease and has particular implications in Obstetrics and Gynecology. Five to thirty per cent of the population are asymptomatic carriers. Invasive Group A Strep infections have become a leading cause of maternal mortality worldwide. The incidence and virulence has been increasing for the past 30 years. There are estimated to be over 75,000 deaths from puerperal sepsis annually. The highest death rates are in Asia, Africa and Latin America. The incidence of infection ranges from 3-10 per 100,000 in North America. There is a twenty fold increase risk in the risk of invasive infection in pregnancy and post-partum women. Most post-partum infections arise in the first 24-48 hours after delivery, often when the mother has been discharged from hospital. Gynecological invasive disease usually manifests as toxic shock or flesh eating disease.

This presentation will discuss Invasive Group A streptococcal infections in obstetrics and gynecology. The objectives are to understand the magnitude of Invasive Group A Strep infections in Obstetrics and Gynecology. To develop a clinical awareness and approach to early diagnosis of puerperal sepsis. To review principles in management for post-partum sepsis.

The objective of this research work, of an instrumental nature, is to adapt and validate the Prenatal Self-assessment Questionnaire (PSQ) in a sample of 790 pregnant women using the National Perinatal Maternal Institute, aged between 13 and 45 years (M=23.8, DE=6.7). Evidence of validity will be developed regarding the content and internal structure of the questionnaire; As for the first, the V of aiken and the confidence intervals are detailed, 69 items of the questionnaire with CI greater than .75 have been found, and it has been indicated with respect to the importance of the items. Regarding the analysis of the internal structure, exploratory factor analysis was performed finding.

Nipple-Sparing Mastectomy (NSM) with Immediate Prosthetic Breast Reconstruction (IPBR) is an oncologically accepted

technique that allows to improve aesthetic results and patient quality of life. Traditionally, implant for reconstruction have been placed in a submuscular plane, beneath the pectoralis major muscle (PMM). Recently, prepectoral placement of prosthesis is increasingly used in order to avoid morbidities related to manipulation of PMM. The aim of this study was to compare outcomes between a personalized PP-IPBR using implants with micropolyurethane foam coated shell surface (microthane) without further coverage and a traditional SM-IPBR after NSM.

Our preliminary experience shows that PP-IPBR using polyurethane-coated implant after NSM is a safe, reliable and effective alternative to traditional IPBR with excellent aesthetic outcomes and high patient quality of life; it is easy to perform, minimizes complications related to manipulation of PPM and reduces operative time while resulting also in a cost-effective technique. A retrospective review of breast cancer patients who underwent NSM followed by IPBR over a 2-years period (January 2018–December 2019) was performed. The patients were divided into 2 cohorts for comparison based on the plane of implant placement as the primary predictor variable: PP-IPBR versus SM-IPBR. Data were recorded in order to evaluate operative details, major complications and oncological outcomes. Aesthetic results and patient quality of life were measured by a “QOL assessment PRO” survey; an analysis of economic performance was also performed.

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