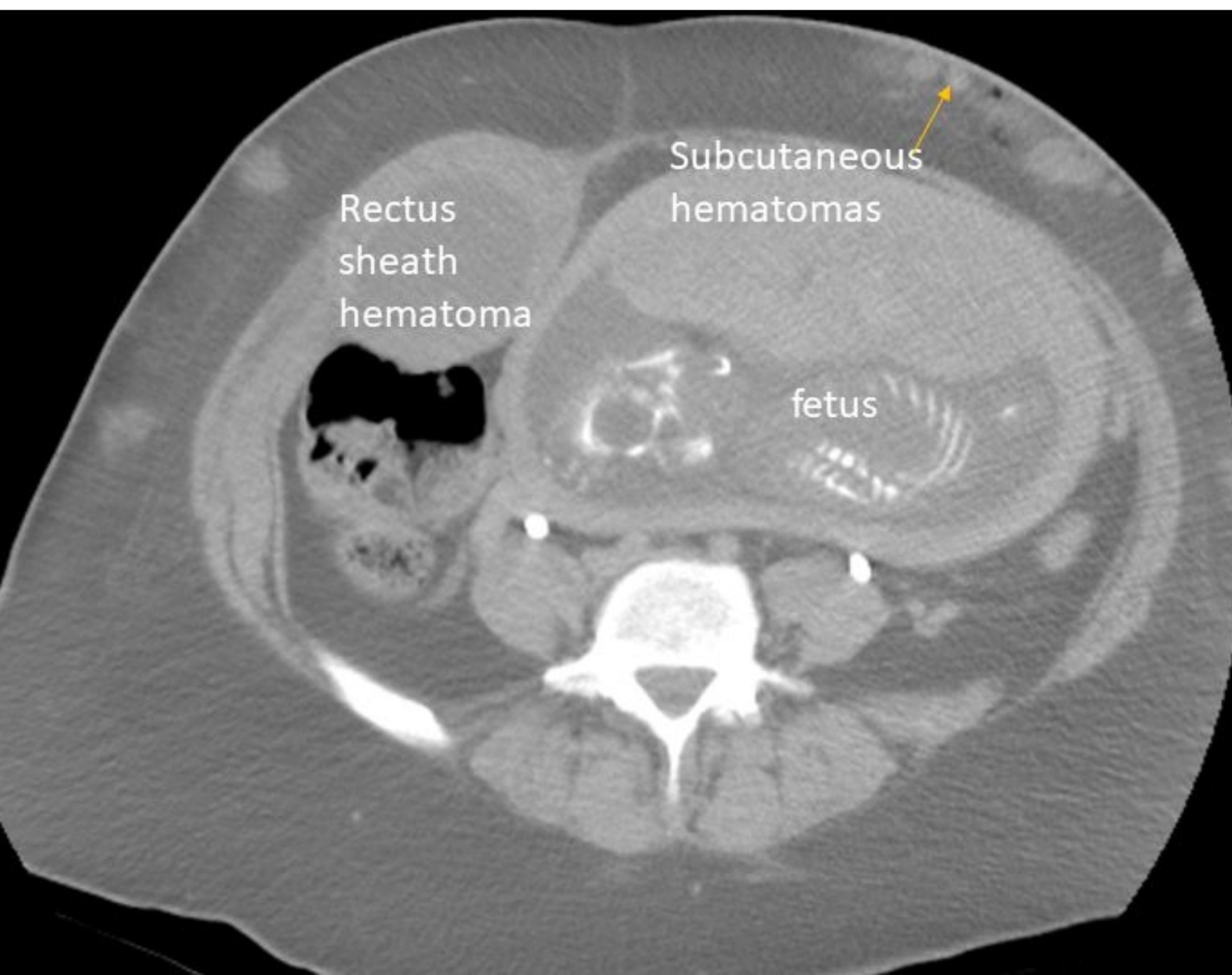


Spontaneous Maternal Rectus Sheath Hematoma in Pregnancy

Layan Alrahmani MD, Zaid Abdelsattar MD, MSc

Case Presentation

A 39-year-old gravida-11, para-4 presented at 27 weeks' gestation with cough and sudden severe abdominal pain. Medical history included obesity, hypertension, and antiphospholipid antibody syndrome. She was diagnosed with pulmonary embolism in the first trimester, managed with therapeutic enoxaparin. Physical exam revealed abdominal tenderness and an enlarging mass. CT angiography confirmed a rectus sheath hematoma with extravasation from the superior epigastric artery.

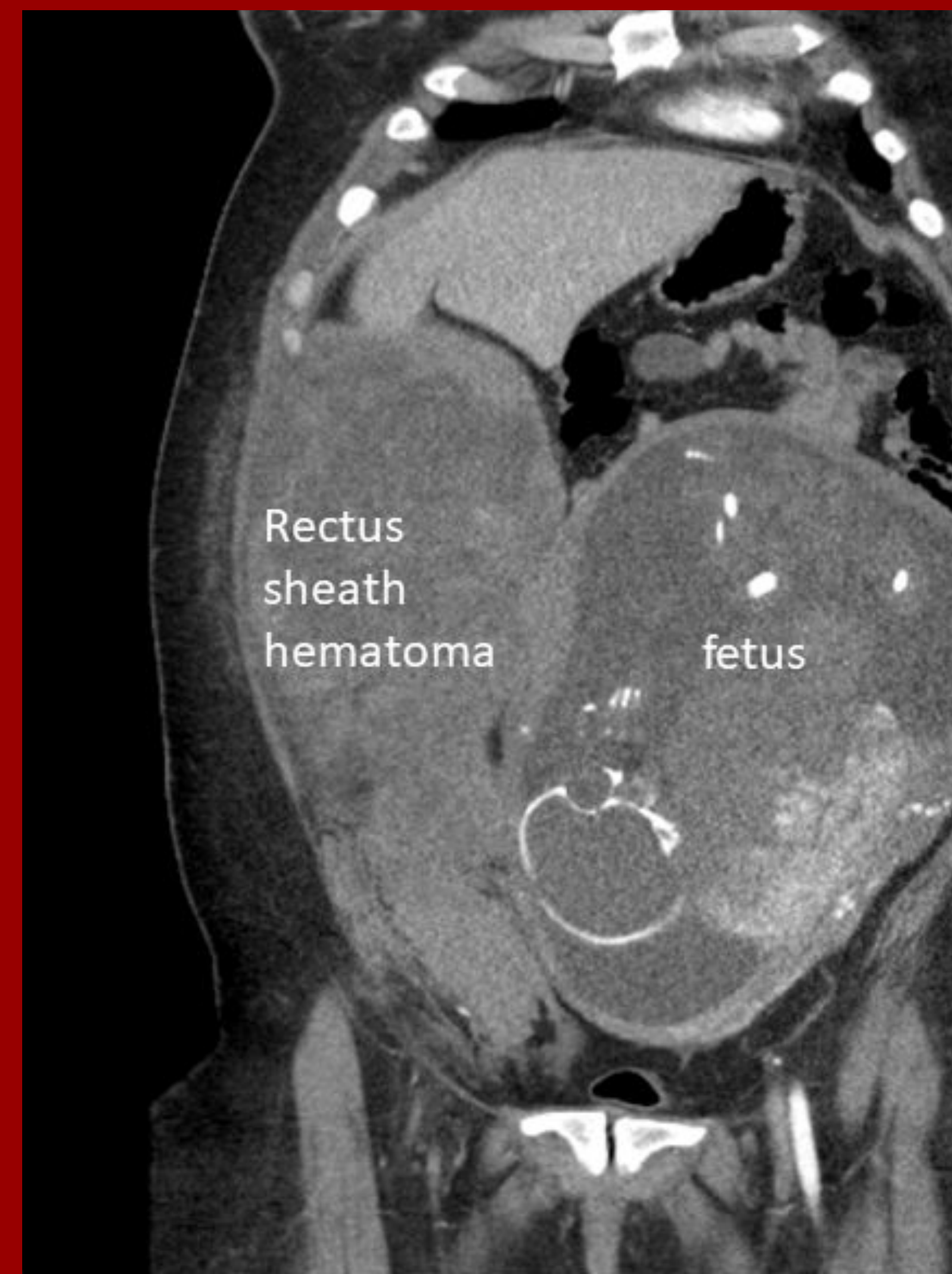


The images reveal the **risk factor (enoxaparin injections)**, the **culprit (the pregnancy and associated hemodynamic changes)** and the **result (the rectus sheath hematoma)**

SCAN TO CONNECT



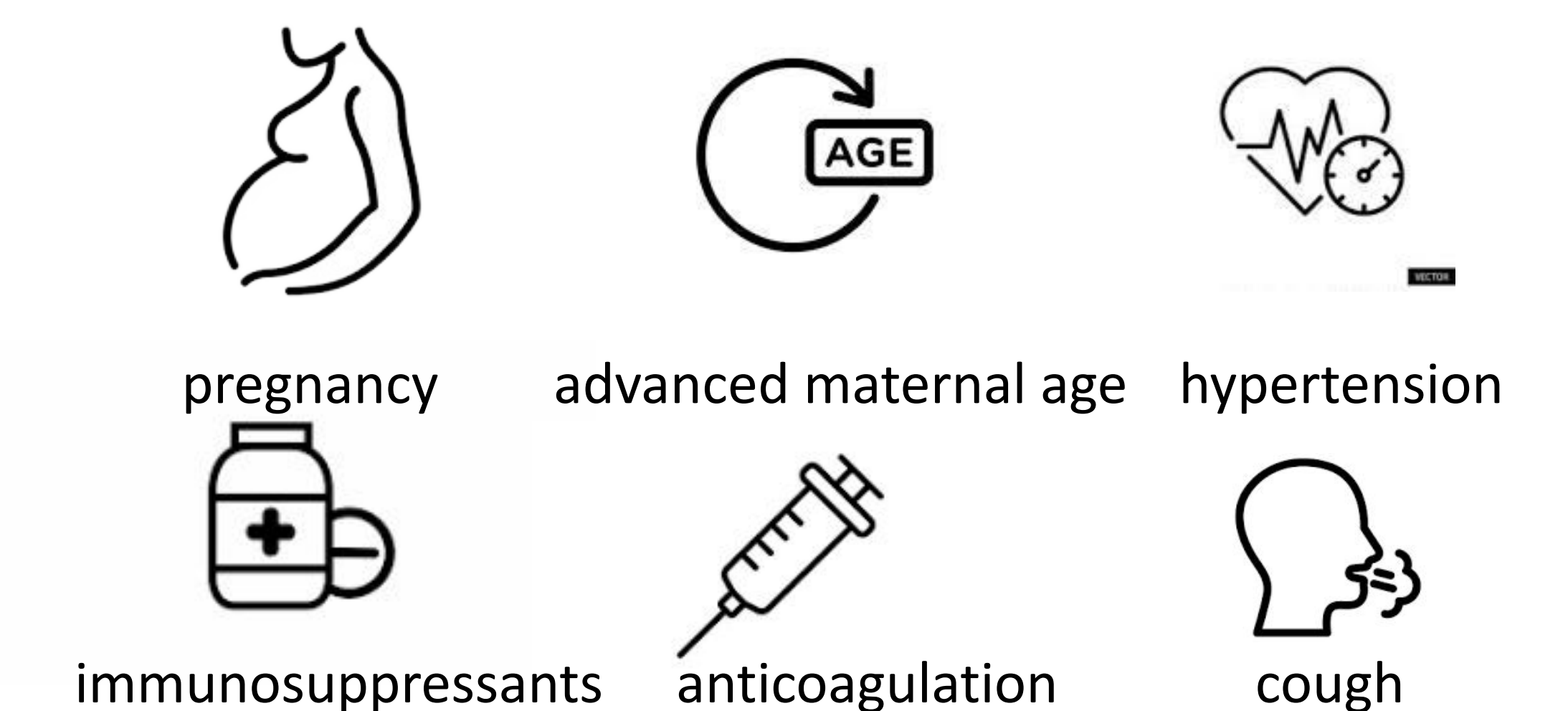
 Layan.Alrahmani@lumc.edu



Management

- Immediate epigastric artery embolization to control bleeding.
- Temporary cessation of anticoagulation to prevent hematoma expansion.
- Close maternal-fetal monitoring to ensure stability.
- Resumption of modified anticoagulation post-stabilization.
- The patient delivered a healthy neonate at term.

Risk factors for RSH



Key considerations

- Have a high index of suspicion
- Balance anticoagulation needs with bleeding risk.
- Utilize imaging (e.g., CT angiography) for prompt diagnosis.
- Multidisciplinary approach involving obstetrics, interventional radiology, and hematology.