

Spontaneous Hemoperitoneum in Endometriosis-Complicated Pregnancies: Case Presentations

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Introduction

Spontaneous hemoperitoneum in pregnancy (SHiP) is a rare but potentially life-threatening complication strongly associated with endometriosis.

Methods

This study presents two contrasting cases highlighting different clinical presentations, management approaches, and outcomes based on bleeding source and timing.

Results

The first case involves a 30-year-old primigravida with deep endometriosis (DIE) who presented at 23.5 weeks with severe abdominal pain. Imaging revealed hemoperitoneum and a contained ruptured aneurysm of the right uterine artery. The patient remained hemodynamically stable and underwent successful angiographic embolization, resulting in pregnancy continuation and term vaginal delivery of a healthy infant.

The second case describes a 32-year-old woman with surgically treated endometrioma with known DIE who presented at 15.5 weeks (IVF pregnancy) with abdominal pain and hematuria. Initially managed conservatively with antibiotics, she subsequently required laparoscopies at 16 and 19 weeks due to persistent hemoperitoneum. Surgical exploration revealed extensive pelvic adhesions ("frozen pelvis") and actively bleeding endometriotic nodules on uterine surfaces. Despite interventions, the pregnancy could not be salvaged and was terminated at 22 weeks.

Conclusion

These cases illustrate how timing, bleeding source, and management approach significantly influence outcomes in endometriosis-related SHiP. Discrete vascular lesions appear amenable to targeted interventions with successful pregnancy continuation, while diffuse bleeding from multiple endometriotic implants presents greater challenges despite repeated surgical interventions.

The study emphasizes that prompt diagnosis and individualized management strategies based on bleeding etiology are critical for optimizing outcomes. A multidisciplinary approach involving obstetricians, interventional radiologists, and surgeons offers the best chance for successful management of this rare but serious complication of endometriosis in pregnancy.

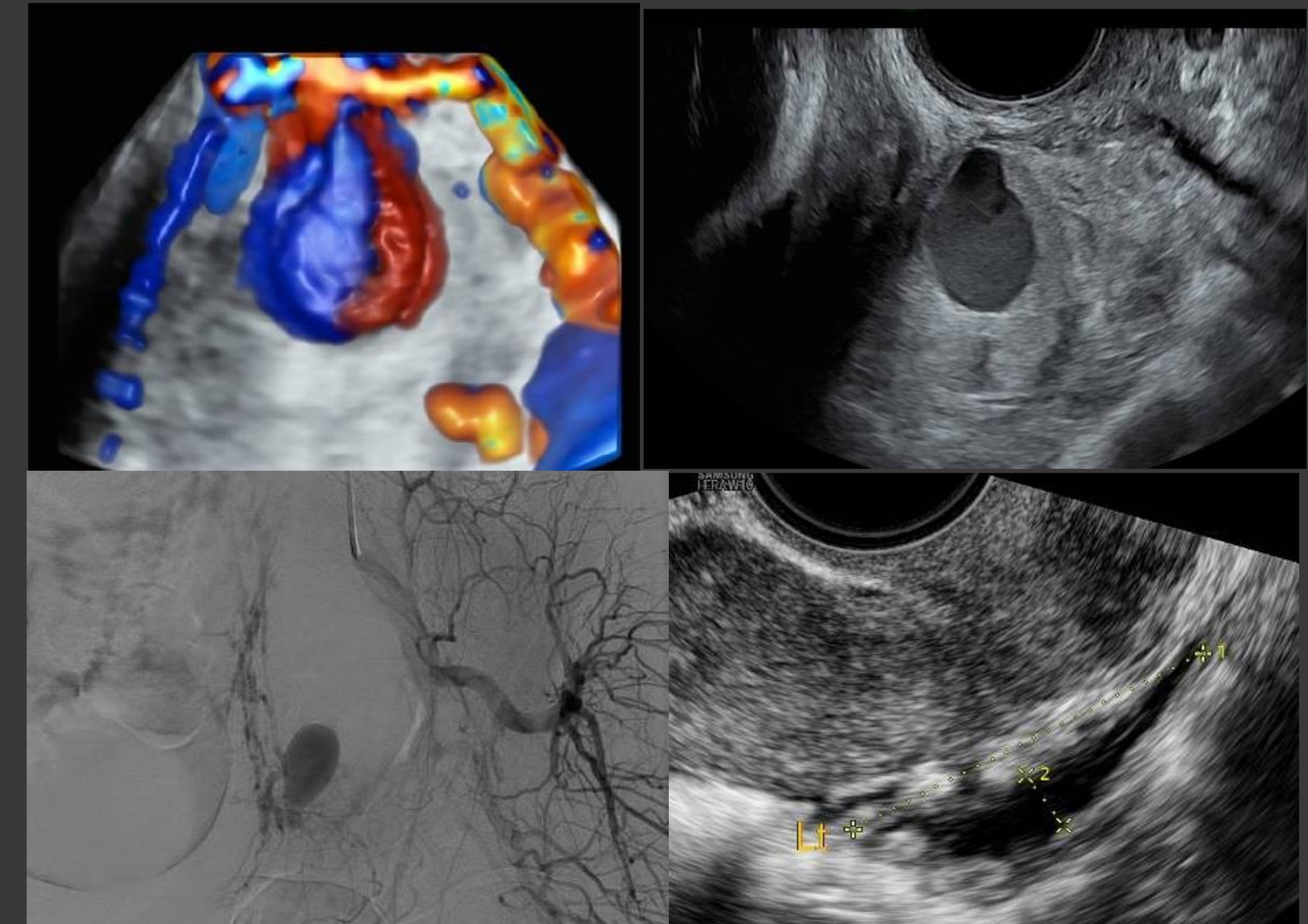


FIG 1 Uterine artery aneurysm at 23.5 weeks gestation, catheterization and endometriotic nodule before pregnancy

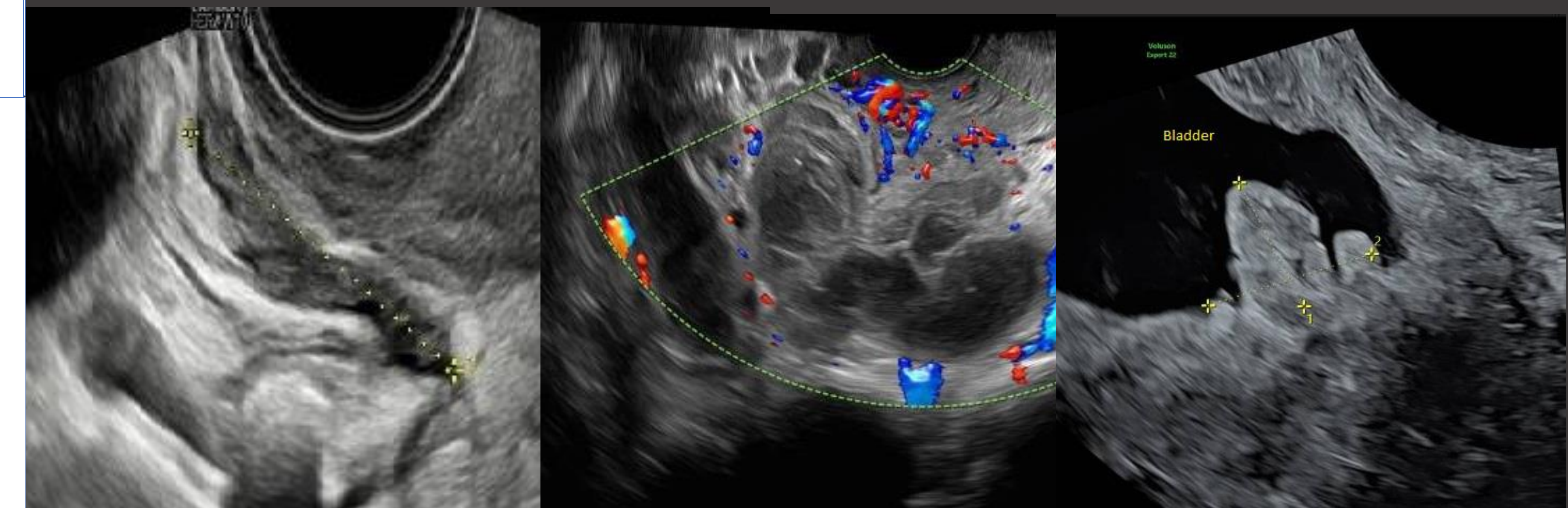


FIG 2 Endometriotic nodule before pregnancy, hemoperitoneum, bladder nodule