

EP16.139 Concealed Danger in the Womb: A Case of Chronic Placental Abruption with Recurrent Disseminated Intravascular Coagulation in a Previabable Pregnancy

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Case Presentation

A 32-year-old primigravid at 16 weeks and 5 days of gestation presented with painless vaginal bleeding. A transvaginal ultrasound done showed a 5.8 x 3.3 x 5.5 cm hematoma consistent with placental abruption. Laboratory evaluation confirmed consumptive coagulopathy (ISTH DIC score 4) characterized by hypofibrinogenemia (41.1 mg/dL), prolonged PT (32.7 s) and PTT (81.1 s), and elevated D-dimer (2,050 mg/L), with concurrent Lupus Anticoagulant positivity.

Despite multidisciplinary recommendations for early delivery, the patient exercised maternal autonomy and declined intervention, opting for conservative management including 10 units of cryoprecipitate and iron supplementation. Following an initial period of stability and sonographic hematoma reduction, the patient was readmitted at 21 weeks and 5 days gestation with recurrent DIC and a retroplacental clot that ultimately doubled in volume.

Throughout the subsequent six weeks, management prioritized maternal-fetal well-being through strict pelvic rest, tocolysis, targeted transfusions, and serial weekly ultrasound surveillance of the hematoma. At 27 weeks and 3 days gestation, she underwent spontaneous preterm delivery of a 1010 g female infant via breech extraction. The neonate required an 8-week intensive care course for prematurity-related complications but demonstrated age-appropriate development at one-year follow-up. Maternal coagulopathy normalized postpartum.

Conclusion

Chronic placental abruption can present with concealed, intermittent bleeding that triggers recurrent, life-threatening consumptive coagulopathy in periviable pregnancies. Serial ultrasound surveillance of retroplacental hematoma dynamics is essential for risk stratification, while a patient-centered multidisciplinary approach—balancing bioethical principles of maternal autonomy with intensive transfusion support—can safely prolong gestation to achieve favorable long-term maternal and neonatal outcomes.



Figure 1. Hematoma at 19 weeks age of gestation



Figure 2. Hematoma at 19 weeks age of gestation

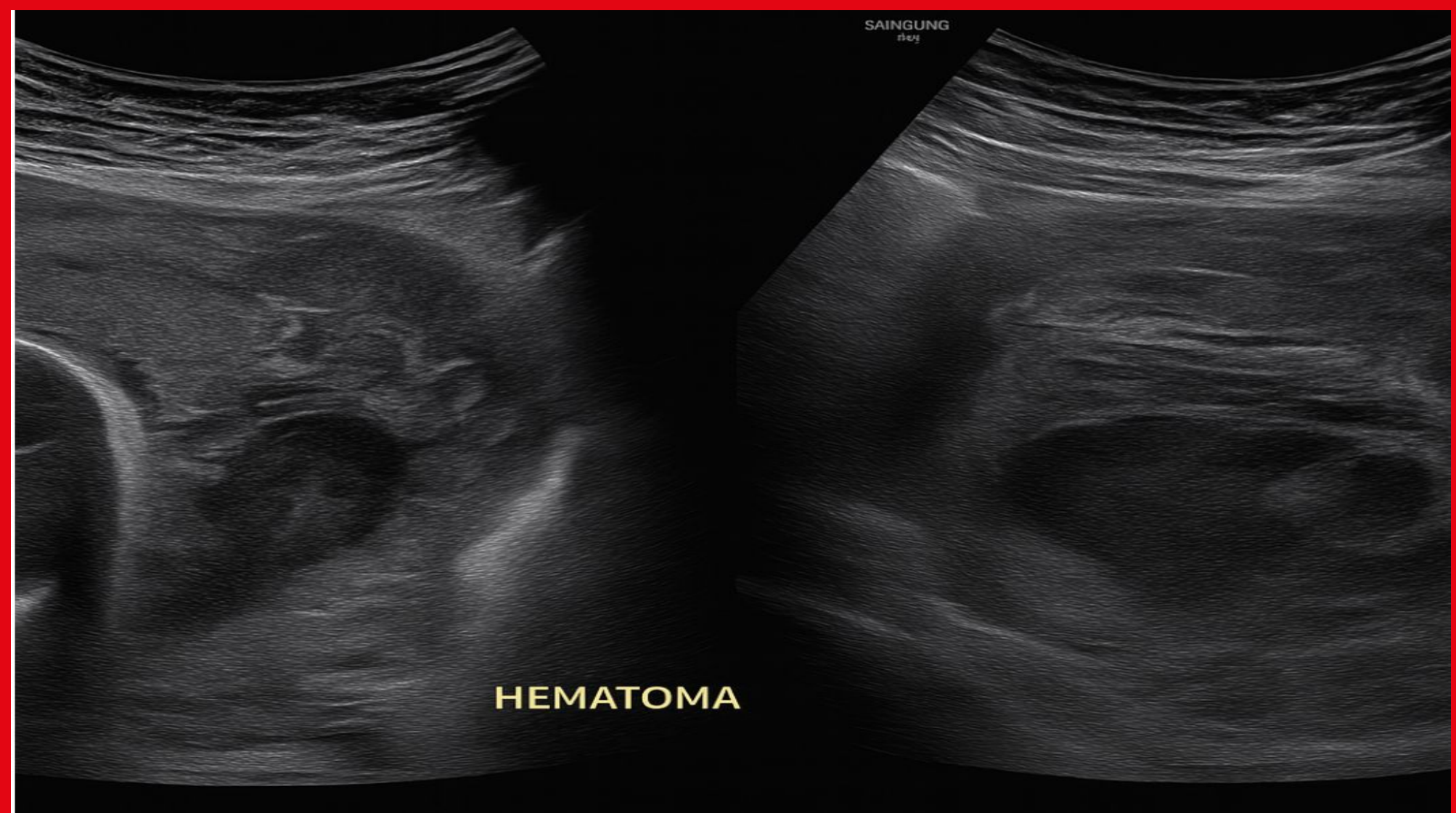


Figure 3. Hematoma at 23 weeks age of gestation