



Spontaneous Hemoperitoneum in IVF Triplet Pregnancy after Myomectomy: A Rare Case Highlighting Diagnostic and Management Challenges

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BACKGROUND

Spontaneous hemoperitoneum in pregnancy (SHIP) is a rare but potentially life-threatening condition caused by non-traumatic intra-abdominal bleeding. It is most often reported in the third trimester and usually requires surgical intervention.

Risk factors include assisted reproduction, multiple gestation, endometriosis and previous pelvic surgery.



CASE PRESENTATION

- 41-year-old woman
- IVF triplet pregnancy (donor oocytes & donor sperm)
- Previous abdominal myomectomy (2018)
- Presented at 18 weeks' gestation with sudden severe abdominal pain radiating to chest and shoulders
- Hb dropped from 117 g/L to 65 g/L
- Required transfusion of 5 units packed red blood cells
- Hemodynamically stabilized after resuscitation



INVESTIGATIONS

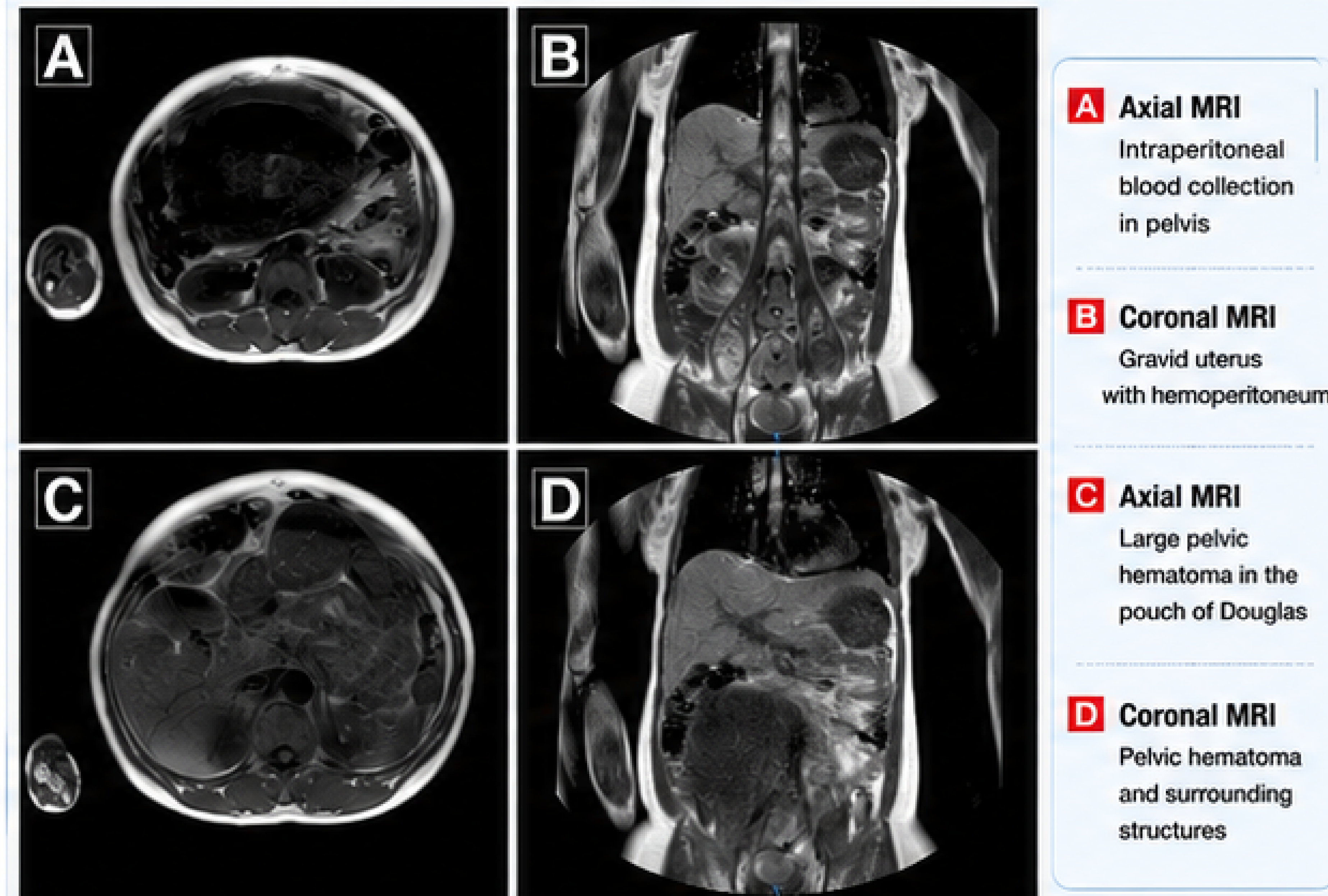
- Initial ultrasound: inconclusive
- MRI abdomen & pelvis performed
- Findings:
 - Large hematoma in pouch of Douglas (10 × 8 × 4 cm)
 - Intraperitoneal blood collection
 - Dilated pelvic vessels
 - Intact uterus, no evidence of rupture



CONCLUSION

SHIP should be considered in pregnant patients presenting with acute abdominal pain and unexplained anemia. MRI is invaluable for diagnosis. Conservative management may be feasible in selected stable patients and can allow continuation of pregnancy with favorable outcomes.

MRI FINDINGS



A–D: MRI images demonstrating intraperitoneal blood collection and pelvic hematoma in the pouch of Douglas with gravid uterus.



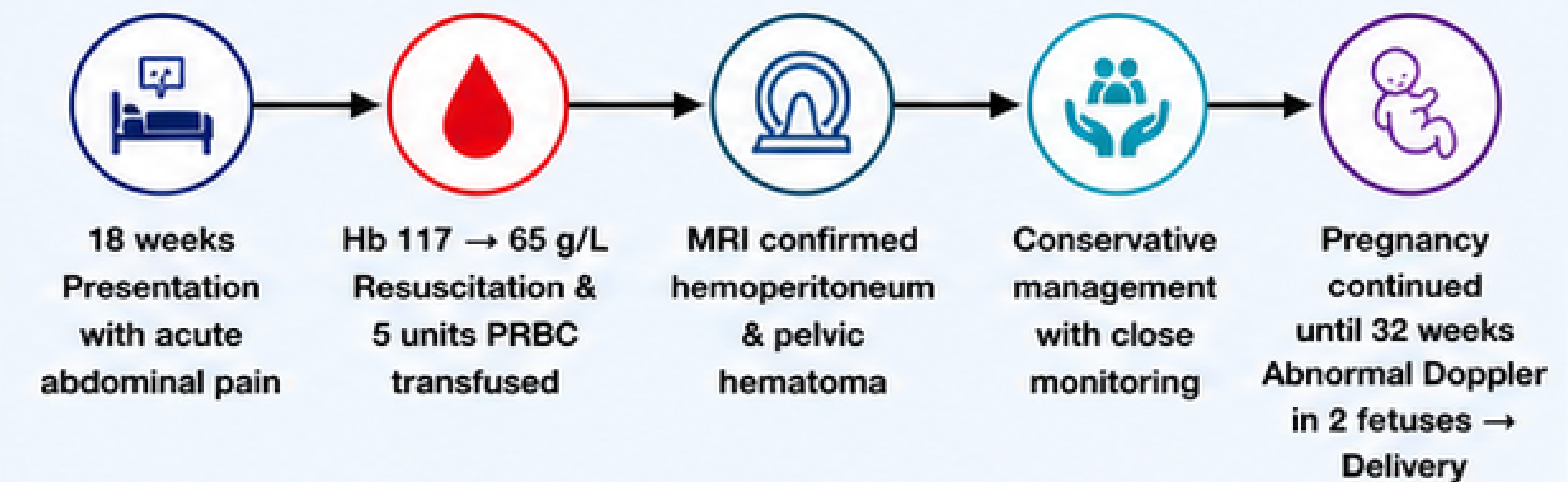
KEY TAKE-HOME MESSAGES

- ✓ Think SHIP in acute abdomen with anemia in pregnancy
- ✓ Use MRI for accurate diagnosis and surgical decision-making
- ✓ Conservative management is feasible in selected stable cases
- ✓ Multidisciplinary care and close monitoring improve outcomes



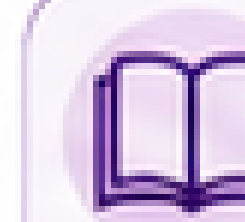
MANAGEMENT & OUTCOME

After multidisciplinary discussion, conservative management was adopted with close maternal and fetal monitoring.



DISCUSSION & LEARNING POINTS

- SHIP is extremely rare in the second trimester, especially in IVF triplet pregnancies.
- Multiple risk factors were present: IVF pregnancy, triplet gestation and prior myomectomy.
- MRI is a crucial diagnostic tool to confirm hemoperitoneum and exclude uterine rupture.
- Conservative management can be successful in carefully selected hemodynamically stable patients.
- Early recognition, multidisciplinary care and close monitoring are key to optimizing maternal and fetal outcomes.



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