

Spontaneous Adrenal Haemorrhage in Late Pregnancy: A Diagnostic and Anaesthetic Challenge

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! The Clinical Challenge

- Rare & misdiagnosed (renal colic, placental abruption).
- 22-year-old primigravida, sudden agonizing left-sided abdominal pain.
- **KEY RED FLAG:** Pain refractory to multimodal analgesia (Paracetamol, Tramadol, IV Morphine, Fentanyl PCA).

🔍 The Diagnostic Turning Point

- **Ultrasound:** Right-sided hydronephrosis (discordant with strictly left-sided pain).
- **Urgent MRI was definitive:** revealing 7 cm × 4.3 cm left adrenal haemorrhage.

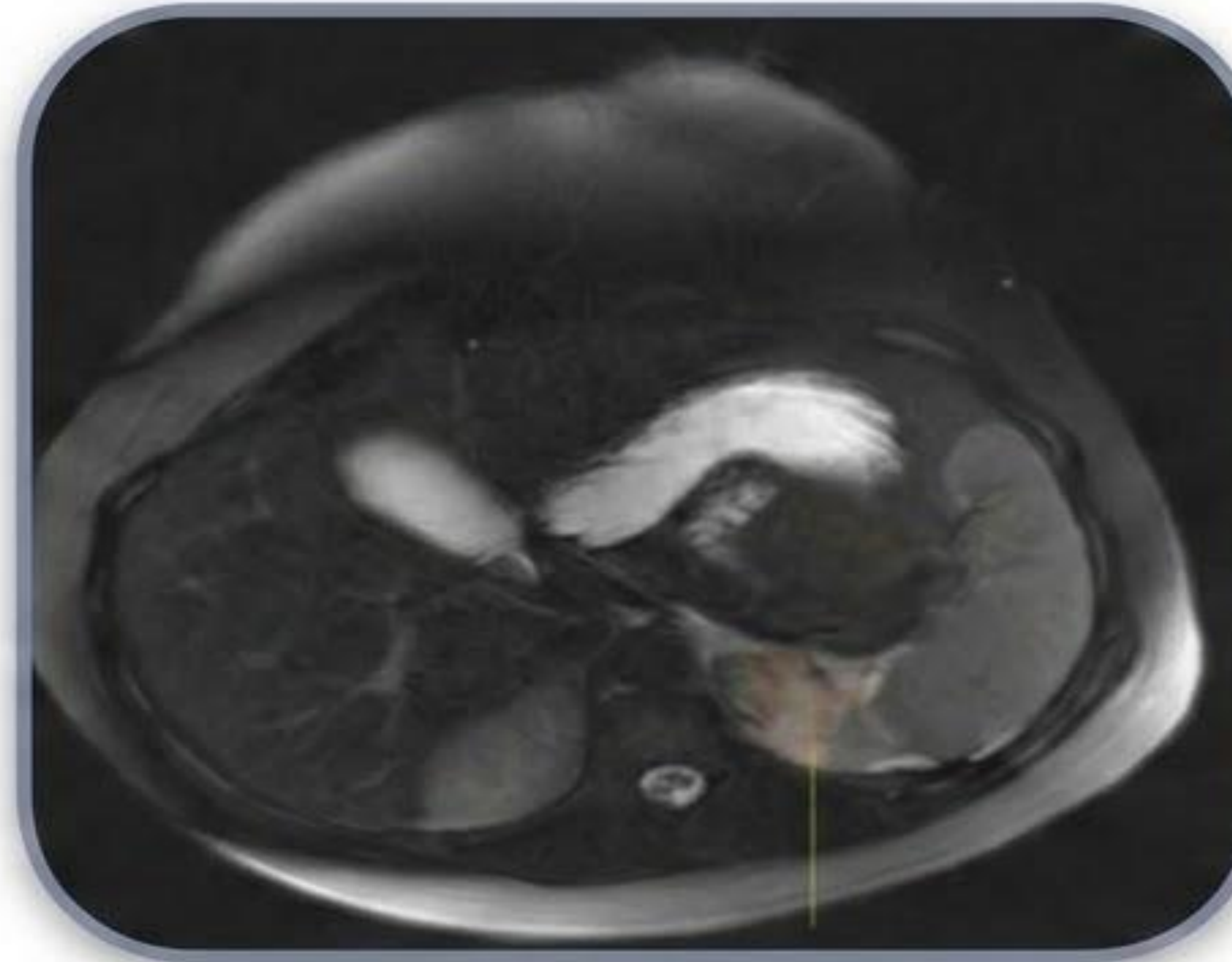


Figure 1. MRI: Haemorrhage, swollen left Adrenal Gland

Clinical Timeline

- 👤 **Presentation:** 35+6 weeks, severe left flank pain
- 📺 **Initial findings:** US → bilateral hydronephrosis (discordant)
- ⚠️ **Deterioration:** Hb drop + refractory pain
- 🔍 **Definitive imaging:** MRI
- 📋 **MDT decision:** Expedited C-section
- 👉 **Outcome:** Stable mother & baby, HDU recovery, Follow Up Endocrinology.

Multidisciplinary team Strategy

- 🏢 **Major Goals:** Hemodynamic stability & Refractory pain control.
- 🧠 Stress-dose corticosteroids.
- 📝 Combined Spinal-Epidural (CSE) for Flexibility and Analgesia.



Conclusion & Learning

- Refractory pain in pregnancy warrants high index of suspicion for adrenal pathology.
- MRI is modality of choice when ultrasound is discordant.
- Success relies on early MDT and proactive anaesthetic plan.

References:

