

Spontaneous haemoperitoneum in labour secondary to ruptured uterine varicose veins

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Objectives We present a rare case of spontaneous haemoperitoneum in labour secondary to rupture of uterine varicose veins and recommendations for practice.

Case

A 41 year-old woman, one previous ventouse delivery, was admitted for induction of labour at 40 weeks of gestation for low PAPP-A and maternal age.

Labour failed to progress normally, vaginal bleeding and haematuria were noted with the fetus in persistent occiput posterior position at -2 station. The CTG showed intermittent late decelerations. In view of these findings a caesarean section was recommended. Throughout, she remained haemodynamically stable.

Upon opening the parietal peritoneum, a moderate haemoperitoneum was revealed. A female infant was delivered in good condition. The uterus was exteriorised and showed a 6 x 6 cm haematoma and clots on the left posterior inferior uterus. The myometrium was intact. The clinical findings were similar to those shown in the image kindly shared by (REF), and were suggestive of rupture of uterine varicose veins. Haemorrhage was controlled with haemostatic sutures and Surgicel Fibrillar.

Total blood loss was 2000mls. She was discharged on day 2.

Discussion

- Spontaneous haemoperitoneum in pregnancy (SHiP) is rare but can occur at any stage of pregnancy. [5] The published case reports suggest the prevalence is higher antenatally (61%) than in labour (18%). [1,4]
- Other obstetric causes include uterine rupture, placental accreta or rupture of a rudimentary uterine horn need to be excluded. [2]
- The cardinal clinical sign of pain may be masked by epidural analgesia.
- Haemoperitoneum may be associated with maternal hypovolemic shock, anaemia and fetal compromise[3, 4] but these signs are not always present.
- Careful uterine examination and other abdomino-pelvic bleeding sources is essential.
- The uterus should be exteriorised since the posterior aspect is reported to be the most common site of varicose vein rupture.[2]
- If the source is unclear, further surgical exploration and radiological investigation may be required.
- Recurrence of SHiP is rarely reported in the literature. Some authors have suggested ultrasound scanning to check for recurrence of uterine varicose veins and elective caesarean in subsequent pregnancies.

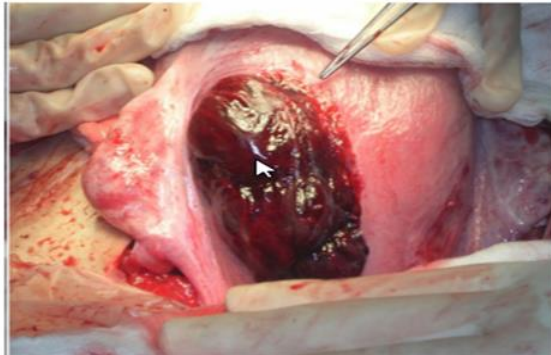


Figure 1 Network of varicose vessels that had ruptured through the serosal surface.

Conclusion Haemoperitoneum may be suspected pre-operatively whilst rupture of uterine varicose veins is diagnosed intraoperatively. Prompt haemostasis and full resuscitation are vital to avoid poor outcomes. Abdominal pain, haemodynamic instability or fetal compromise raises suspicion of haemoperitoneum but it can be an unexpected finding.

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