

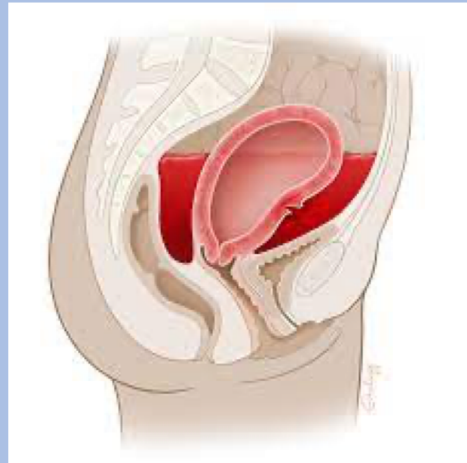
Third trimester haemorrhage, an unusual complication of IVF

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Objective: To highlight the importance of considering intra-abdominal bleeding in the context of maternal collapse following vaginal delivery. To discuss the rare clinical entity of uterine artery aneurysm as a differential diagnosis.

Case report: 35-year-old primigravid lady presented at 38 weeks gestation with abdominal pain. She conceived through invitro fertilisation and had difficult egg retrieval from the left side. She otherwise had an uncomplicated antenatal period. On admission she had an acute kidney injury (creatinine 97) and hyponatraemia (Na^+ 129), which in hindsight could have been a sign of bleeding pre delivery. An abdominal ultrasound was performed, at the time it was reported as normal but on review of the case there was free fluid around the liver at this time. She proceeded to have a straight forward induction of labour due to the AKI, with no ongoing pain and Neville Barnes forceps delivery with a measured blood loss of 800ml. However, 36 hours later she acutely deteriorated, with severe abdominal pain and a low haemoglobin proceeding maternal collapse. She was taken to theatre; a midline laparotomy and subtotal hysterectomy was performed. Histology showed a large amount of haemorrhagic tissue within the left parametrium, subinvolution of vessels in keeping with post-partum haemorrhage. There was no evidence of accreta and no residual placental tissue was seen. The diagnosis of uterine artery aneurysm was made.

Discussion: This case highlights a number of issues; the difficulty in diagnosing intra-abdominal bleeding antenatally and postnatally following a vaginal delivery, as it is rare and maternal observations in healthy women often remain normal until there is significant loss. Imaging can be utilized to aid diagnosis, however in this case the patient became too unwell and needed immediate transfer to theatre. Uterine artery embolisation or uterine artery ligation was not possible due to maternal instability.



Conclusion: Uterine artery aneurysm has an estimated incidence of 2-3/1000 deliveries³. It can be asymptomatic, present in pregnancy with pain or fever if infected, present postpartum with vaginal bleeding or in this case with AKI, hyponatraemia and hypovolaemic shock². Alternative causes for her abdominal pain and low haemoglobin were initially sought. However, in a post-partum woman experiencing severe abdominal pain and anaemia without vaginal bleeding, intra-abdominal bleeding needs to be considered⁴. Uterine artery aneurysm is known to be associated with myomectomy, dilatation and curettage (D and C), and caesarean section¹, less commonly IVF² which is the presumed cause in this case report. Post-partum hysterectomy is a traumatising event, the long lasting psychological impact must not be underestimated. After surgery she described the feeling “as if everything was gone”, this highlights the empty feeling patients might have and the importance of psychological support for women and their families.

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