

“Think outside the box”- a case report on spontaneous large supralelevator puerperal vaginal haematoma in low-risk multiparous women.

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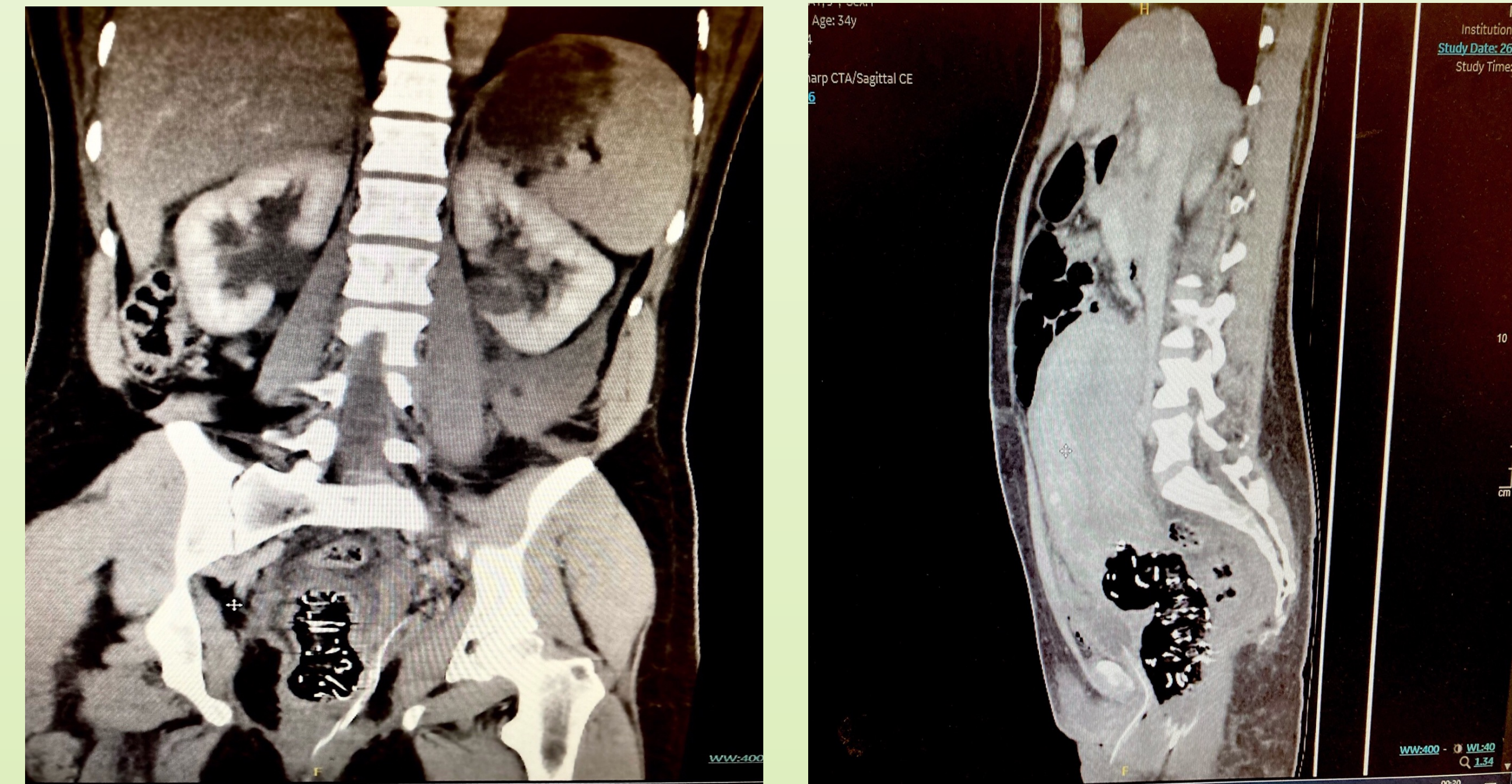
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Objectives

- With our case report we emphasise the importance of thorough history taking, clinical awareness and involvement of multidisciplinary team in the successful management of a large and rare supralelevator vaginal haematoma.

Case study:

- 34-year-old parous low-risk female was admitted in spontaneous labour at term.
- In 4hours and 39minutes from onset of active labour she had normal vaginal delivery of a baby 3550g with 250mls blood loss and intact perineum.
- In 1.5hours post delivery patient became hypotensive and tachycardic. Initial resuscitation commenced with findings of well contracted uterus and a small cyst at the left fornix with no active bleeding vaginally and no external injuries.
- 5.5hours later large left sided vaginal haematoma extending into the Ischiorectal fossa was noted.
- Patient was consented for EUA and evacuation of haematoma with a prior blood transfusion.
- Haematoma was evacuated with suction and manually and small bleeding vessel identified and sutured.
- Corrugated drain inserted over the haematoma and vagina packed above the drain.
- Total blood loss was 2200 mls.
- CT angiogram for suspected active bleeding postoperatively confirmed retroperitoneal residual haematoma from left ischiorectal space to lower pole of kidney.
- Patient was discharged on broad-spectrum antibiotics.
- 6 weeks follow up MRI confirmed no residual haematoma.



Discussion:

- Diagnostic difficulties arise from the rarity of the condition, a non-specific picture and the absence of the main risk factors.
- In our case, failure to recognise the haematoma after delivery and delay in diagnosis were due to absence of external injuries and low suspicion.
- Post operatively patient revealed a history of a fall on her left side a couple days prior to spontaneous onset of labour.
- But there was no external bruising noted on admission to suspect a trauma.
- It is very likely that previous trauma in combination with the over-stretching of the birth canal due to rapid delivery were contributing factors in developing supralelevator vaginal haematoma in our case.

Conclusion:

- The most important factor in correct diagnosis is clinical awareness.
- Thorough history taking is paramount as the symptoms can be non-specific resulting in difficulties and delay in diagnosis.
- Excessive perineal pain is a hallmark symptom and warrant prompt examination.
- Haemodynamically unstable patients require resuscitation and surgical exploration.
- There is no evidence to support best management and vigilance should be maintained after primary repair/packing, as recurrence is common.
- Blood loss with large puerperal haematomas is nearly always considerably more than the clinical estimate and transfusions are frequently required.