

INTRAPARTUM VULVOVAGINAL HAEMATOMA CAUSING OBSTRUCTED LABOUR: THE OBSTETRICIAN'S NIGHTMARE

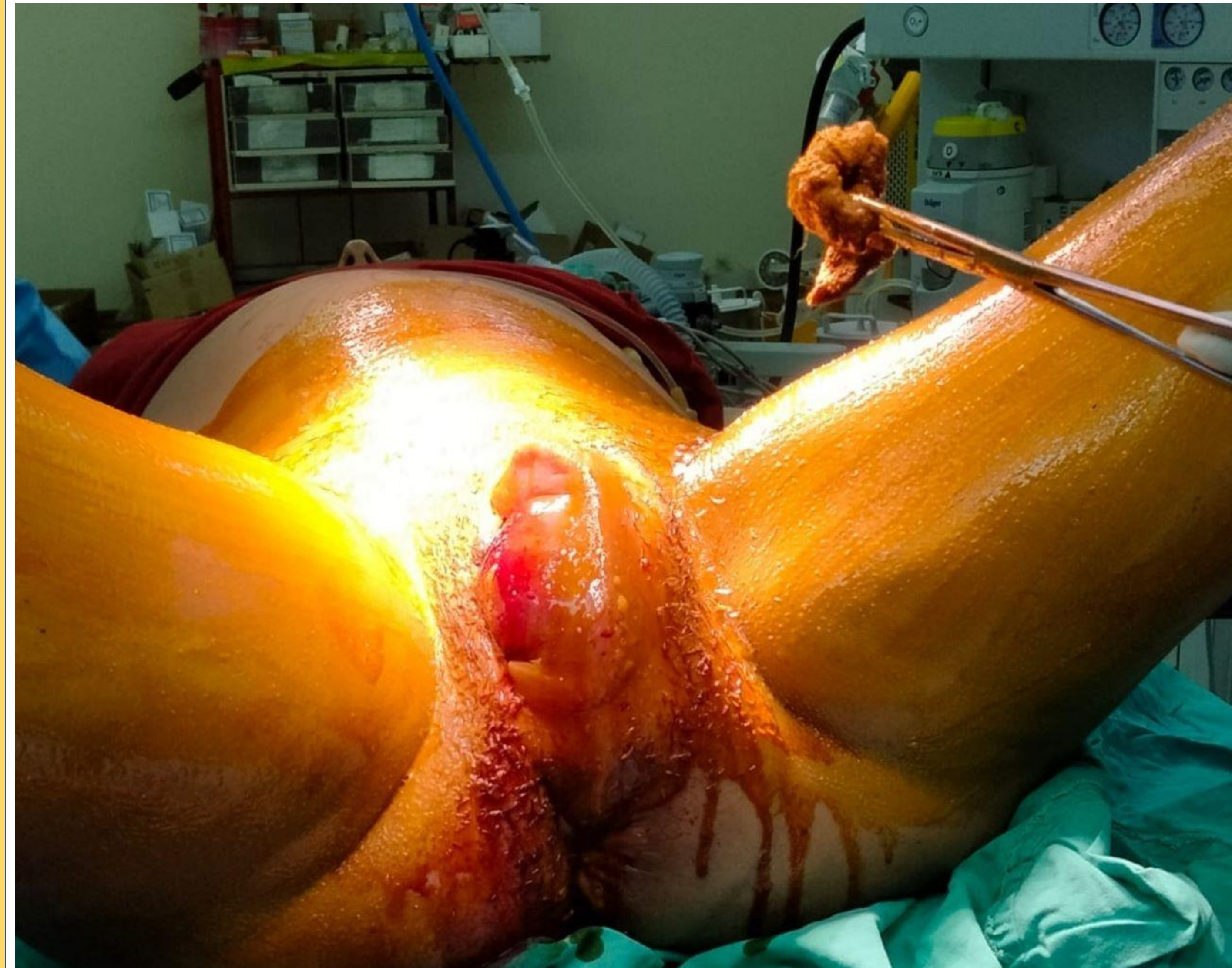
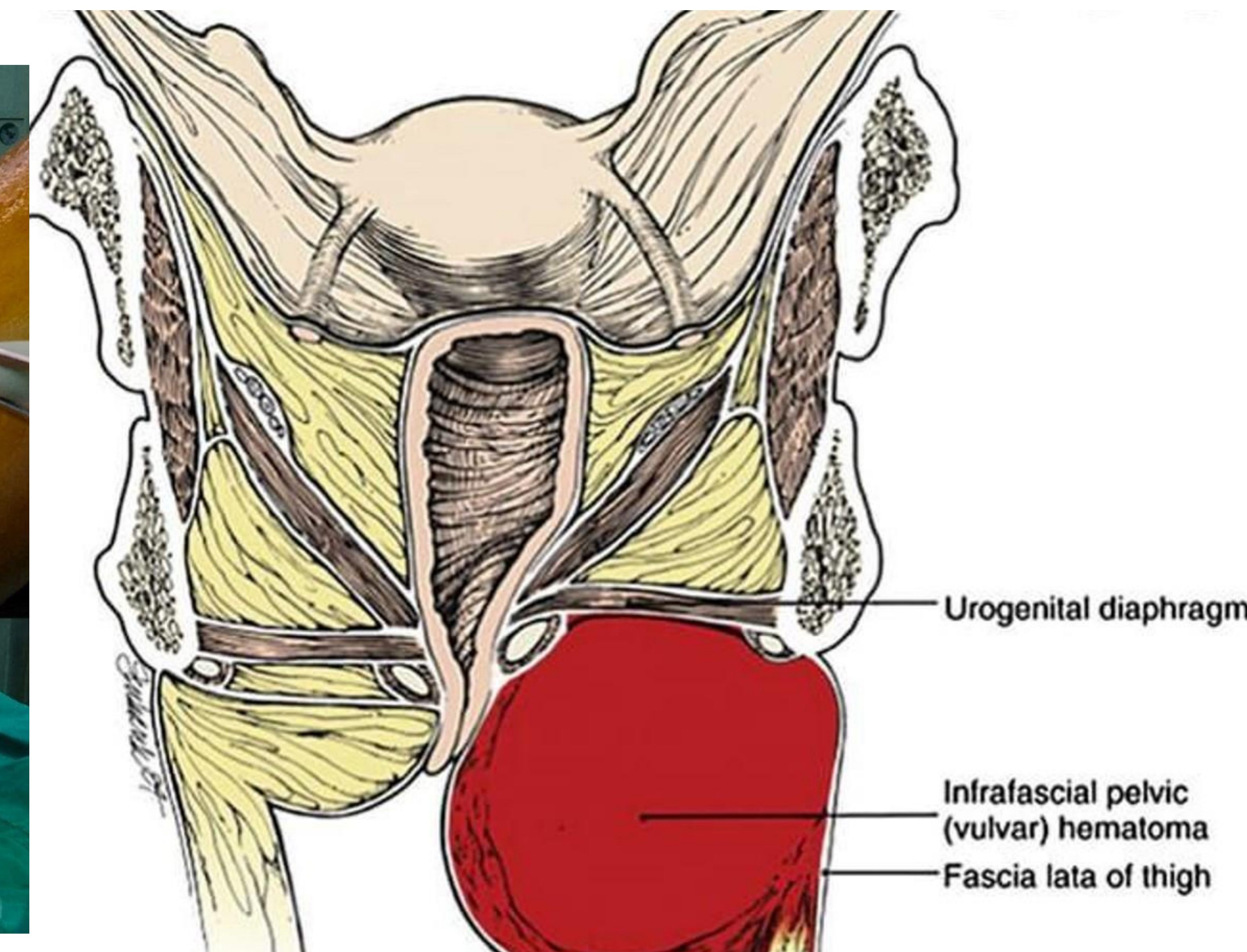
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Objective: While the puerperal genital haematoma is commonly reported, literature pertaining to an intrapartum genital haematoma is scant. We present this case to highlight the successful management of a spontaneously occurring vulvovaginal haematoma obstructing delivery, in the second stage of labour.

Case Report: A 28 year old nulliparous patient attempting home delivery at term presented to a tertiary care centre in labour with an uncontrollable urge to push for one hour, followed by a sudden onset painful swelling in the genital region for half hour.

On examination the patient was pale with tachycardia but was normotensive. On examination uterus was contracting well. The foetus was in cephalic presentation with a good fetal heart rate. There was a large 10 x 10 x 8 cm vulvovaginal haematoma along the right labia majora, obliterating the vulval outlet extending into the lower vagina. On vaginal examination cervix was fully dilated, vertex at 0 station.

Resuscitation of the patient with blood products commenced. A decision was made to drain the haematoma in theatre using a combination of inhalational agents and local anaesthesia following which a vaginal delivery ensued uneventfully. The perineum was then reconstructed after administering epidural anaesthesia. The patient had an uneventful postnatal period.



Conclusion: As obstetricians we are faced with daunting, seldom encountered scenarios, however a calm approach, careful risk benefit analysis and adherence to basic tenets of obstetrics go a long way to ensuring an optimal outcome.