



Objective:

Spontaneous rupture of an ovarian artery aneurysm during puerperium is extremely rare life-threatening condition. It is often asymptomatic, likely underdiagnosed and understudied. {1,2}

During the normal process of involution that occurs after delivery , a segment of the ovarian circulation may fail to involute causing Aneurysm .{3}

The common presentation of spontaneous rupture of an ovarian artery aneurysm is abdominal pain in a multiparous woman during the early postpartum period and the probable time of rupture can be traced to the second stage of labor due to intense pushing.{4}

A high index of suspicion, prompt diagnosis, quick intervention and a multidisciplinary approach in the management, were the elements of a successful outcome in this case.{4}

Case summary

A 45 years old Para 8 lady , presented 13 days postnatal with a sudden onset sharp dull left side abdominal pain, radiating to groin and unresponsive to simple analgesia. There is a minimal PV bleeding. Her notes revealed frequent presentation to the Emergency department with the same pain .

Abdominal examination was unremarkable apart from slight left side abdominal tenderness.

The CT and angiographic imaging showed two aneurysms of the left ovarian artery. The first was presumed to have ruptured in the postpartum period causing a retroperitoneal hematoma(15 x 9 cm in diameter). The second aneurysm was close to the ovarian artery origin and appears intact measuring (9 mm.). Both aneurysms were embolised, had multiple coils, and CT Angiogram showed satisfactory occlusion.



Discussion:

Available reports suggests multiparity as main risk factor for rupture of an ovarian artery aneurysm.

According to previously published literature, most of the spontaneous rupture of an ovarian artery aneurysm requires immediate management because they were accompanied by massive bleeding.

In old literature, rupture ovarian artery aneurysms were diagnosed mostly by exploratory laparotomy as patients presented with severe internal bleeding and unstable observations. However, our lady was hemodynamically stable and diagnosed by a CT Angiogram and treated by interventional radiology.

Conclusion:

This is one of the rarest cases of spontaneous rupture of an ovarian artery aneurysm as our patient presented with a vague abdominal pain and diagnosed with Angiography followed by TAE (Transcatheter arterial embolization), showing that it could be an effective therapeutic procedure for clinically stable patients.

Any postpartum woman with a vague abdominal pain presentation, should be considered for ovarian artery aneurysm complications.

References:

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