

The **broad-er** picture: a large broad ligament haematoma following spontaneous vaginal delivery

Dr D Marinceu¹ Dr T Hanton² Mr S Qureshi³

1. Year 5 Specialty Trainee Obstetrics & Gynaecology 2. Year 2 Foundation trainee 3. Consultant Obstetrics & Gynaecology
1&2 York & Scarborough Teaching Hospitals NHS Foundation Trust, 3 Northern Lincolnshire & Goole NHS Foundation Trust

Objective:

We present an atypical presentation of a case of a large broad ligament haematoma following a spontaneous vaginal delivery complicated by infection.

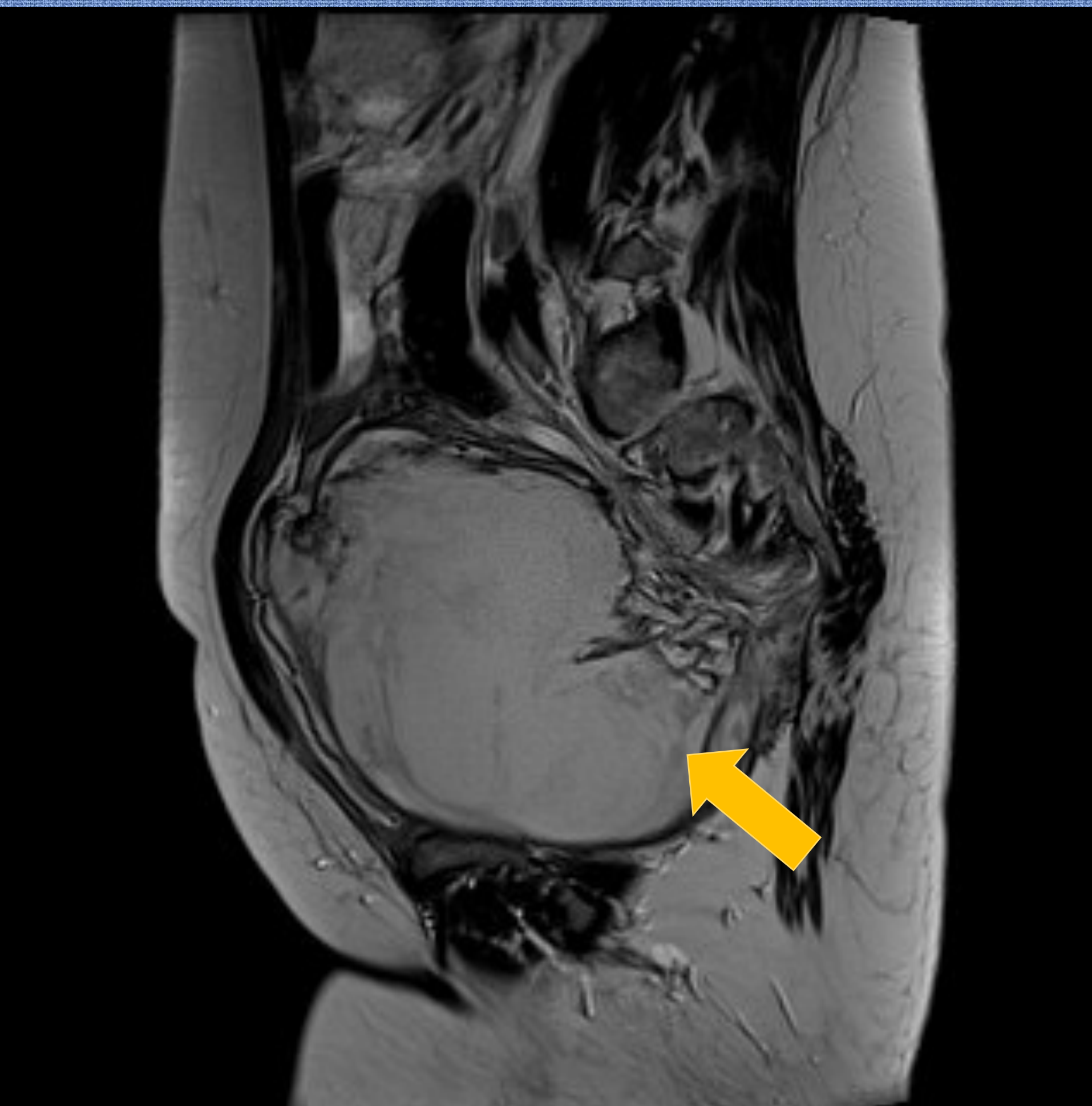


Figure 1. MRI image of right broad ligament haematoma 16.7x12.3x10.6cm. Sagittal view.

The Case

A 32-year-old G2P2 presented on day 2 after a normal vaginal delivery with a headache and feeling unwell and a dull generalised lower abdominal pain. Her blood pressure was found to be elevated, which was treated with Labetalol 200mg BD. She was also started on antibiotics for suspected endometritis. She reattended on day 10 postnatal with severe pain in the right iliac fossa, a raised temperature of 38.5, and feeling unwell. She didn't have heavy vaginal bleeding, and her blood pressure, which was being controlled with Labetalol 200mg BD, was normal. She had no associated proteinuria or symptoms, but she was tachycardic with a heart rate of 110. On admission, her haemoglobin level was 67 g/dL (compared to 112 g/dL on discharge postnatally), with raised significantly raised white cell count and inflammation blood markers. She had no medical history antenatally, and her labour was quick with no significant blood loss. The pelvic ultrasound on admission showed a multi cystic large right adnexal mass with a fluid component. A subsequent MRI revealed a 16.7x12.3x10.6cm (Figures 1 & 2) right broad ligament haematoma with fluid levels suggestive of active infection, but no ongoing bleeding. She was treated with intravenous antibiotics and was transfused three units of packed red blood cell. She was discharged after five days with a further course of oral antibiotics. An MRI pelvis three months later showed complete resolution of the haematoma and she was asymptomatic.

Discussion

Broad ligament hematomas are rare in obstetrics, with an incidence of 1:20,000, and may occur due to operative vaginal deliveries, or spontaneously due to uterine artery or varices rupture. Quick labour might also predispose this condition. Early imaging is important for timely diagnosis and initiating treatment to prevent deterioration of patient.

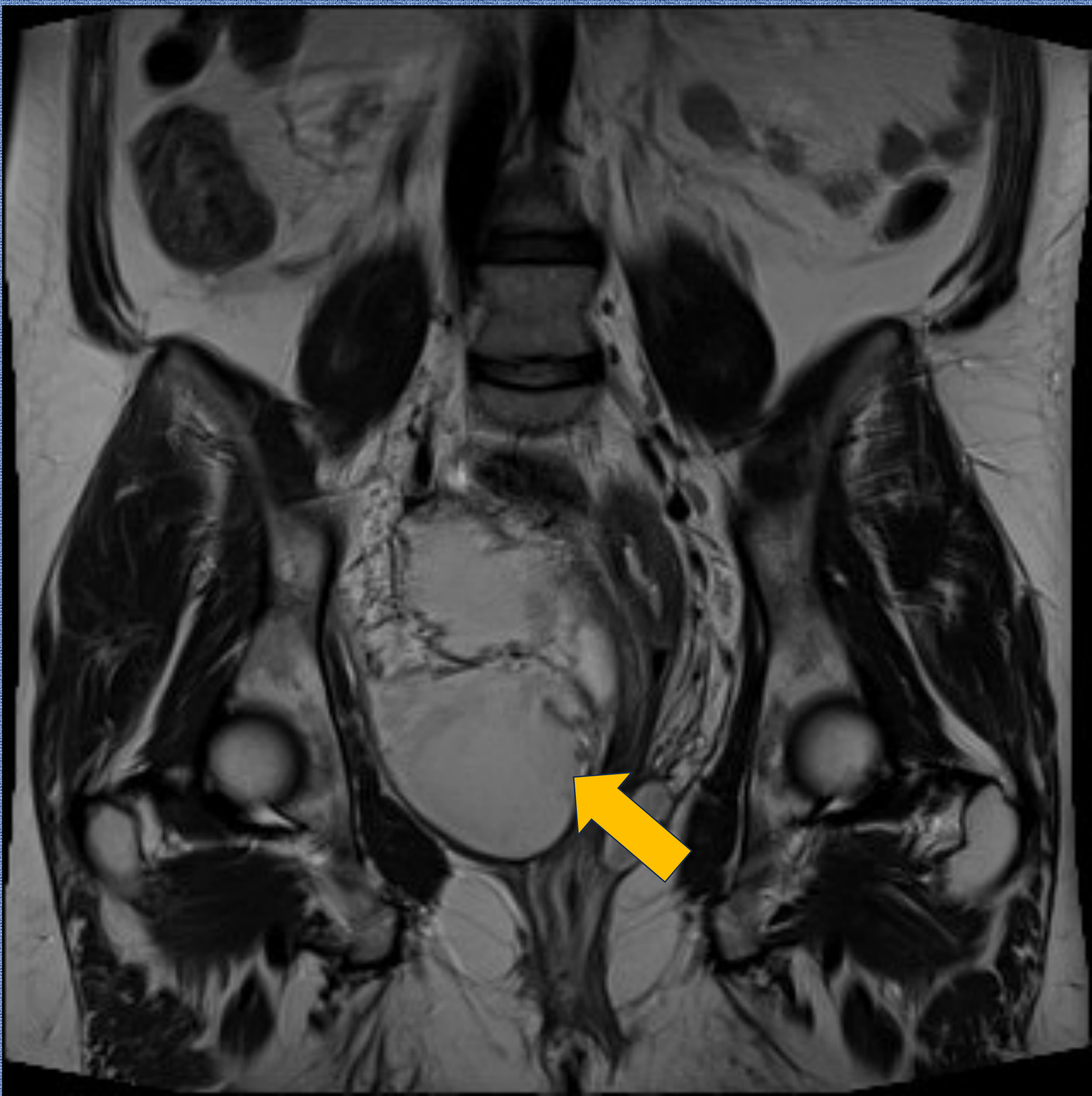


Figure 2. MRI image Right broad ligament haematoma showing fluid lines. Coronal view.

Conclusion

Though rare, **broad ligament hematomas should be considered** as part of the differential diagnosis in postpartum women presenting with lower abdominal pain and anaemia following uncomplicated vaginal delivery, even **without** hemodynamic instability.