

DIAGNOSING CORPUS LEUTEAL HEMORRHAGE: A DIAGNOSTIC DILEMA

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Objective:

This case report focuses on the challenges in diagnosing Corpus luteal (CL) haemorrhage in early pregnancy.

Right ovary Haemorrhage site cauterised



48 hours post-op scan showing intrauterine gestational sac



Post op-Ultrasound, Right ovary appears bulky



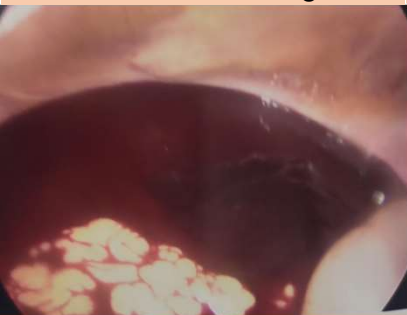
2 weeks post op Ultrasound showing Live intrauterine pregnancy



Discussion

- Abdominal pain and internal hemorrhage in early pregnancy make ectopic pregnancy as the primary diagnosis.
- Ruptured CL cyst can be a cause of significant hemorrhage in all stages of woman's reproductive life.
- Ruptured CL cyst can also make diagnosing a co-existing ectopic pregnancy quite challenging on laparoscopy.
- In this case, the intrauterine pregnancy was saved as the authors avoided uterine instrumentation.

Blood in Pouch of Douglas



Case Report:

- A 27-year-old primigravida, presented to the emergency room with severe lower abdominal pain radiating to her left shoulder.
- She gave history of feeling fainting. Her Last menstrual period was 5 weeks ago.
- On examination, she had tachycardia, blood pressure was within normal limits.
- There was significant tenderness in the suprapubic area and right iliac fossa.
- Her haemoglobin was 110 g/d and a serum human chorionic gonadotropin level of 2154 IU/L noted.
- Over the next few hours, the pain and tachycardia worsened and haemoglobin dropped to 88 g/dL.
- Bedside pelvic ultrasound revealed an irregular intrauterine gestational sac and significant free fluid and clots in the pouch of Douglas.
- The differential diagnoses were narrowed down to ectopic pregnancy, intrauterine pregnancy with a ruptured corpus luteum cyst, and heterotopic pregnancy.
- Emergency laparoscopic surgery performed, which revealed a hemoperitoneum of 900ml, and a possible right sided corpus luteal cyst without any active bleeding. Site of rupture on the corpus luteal cyst was cauterized, thorough exploration of the abdominal cavity was undertaken to rule out any other source of bleeding.
- In the absence of any evident source of bleeding, the injury site on the corpus luteal cyst was identified to have contributed to the bleeding without any persistent active source intraoperatively.
- The significant hemorrhage led to coagulopathy and patient received fibrinogen replacement.
- Two weeks postoperatively, ultrasound scan revealed live intrauterine pregnancy of 6 weeks and 5 days.

Conclusion:

- The diagnosis of a ruptured CL cyst requires a high degree of suspicion and is usually indicated by the sudden onset of pelvic or abdominal pain.
- Massive hemorrhage from a ruptured CL cyst can be a life-threatening condition that requires immediate surgical intervention.

Haemorrhage site on Right ovary

