

Intra-Amniotic hematoma post abdominal trauma Case Report

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Introduction

Intra-amniotic hematoma happens when a hematoma affecting the intrauterine membrane dissects through the amnion and extends into the amniotic cavity. Its relatively rare to encounter a pregnancy with intra-amniotic haemorrhages. The diagnosis and management is usually hard because of the infrequency of this condition and the high likelihood of a misdiagnosis.

Case Report

A 28-year-old gravida 4 Para 2 , 27 weeks pregnant with regular antenatal follow up , with normal anomaly scan .

Patient sustained trauma to forehead and abdomen was brought to the emergency department and gave history of dizziness, loss of consciousness. Upon examination vitals were normal , forehead laceration noted which was sutured in ER . Abdominal was soft , and non tender , fundal height correspond to 28 weeks and no vaginal bleeding .

Initial Ultrasound showed of posterior normal lying placenta, avascular inhomogeneous area 13x3cm and irregular echogenicity suggestive for intra-amniotic hematoma.

Repeated follow up scan showed decreasing size intra-amniotic hematoma but mildly increasing amniotic fluid and suspected abdominal wall defect (gastroschisis).

Detailed FMU scan ruled out gastroschisis and Placenta was posterior with marginal cord insertion close to uterine cervix side. Furthermore, The scan suggested the appearance of the suspected intra-amniotic haematoma adjacent to placental cord insertion site most probably representing partial sub-amniotic placental abruption, with partial rupture of amniotic membrane on top of it which is causing clots to be free floating in amniotic cavity.

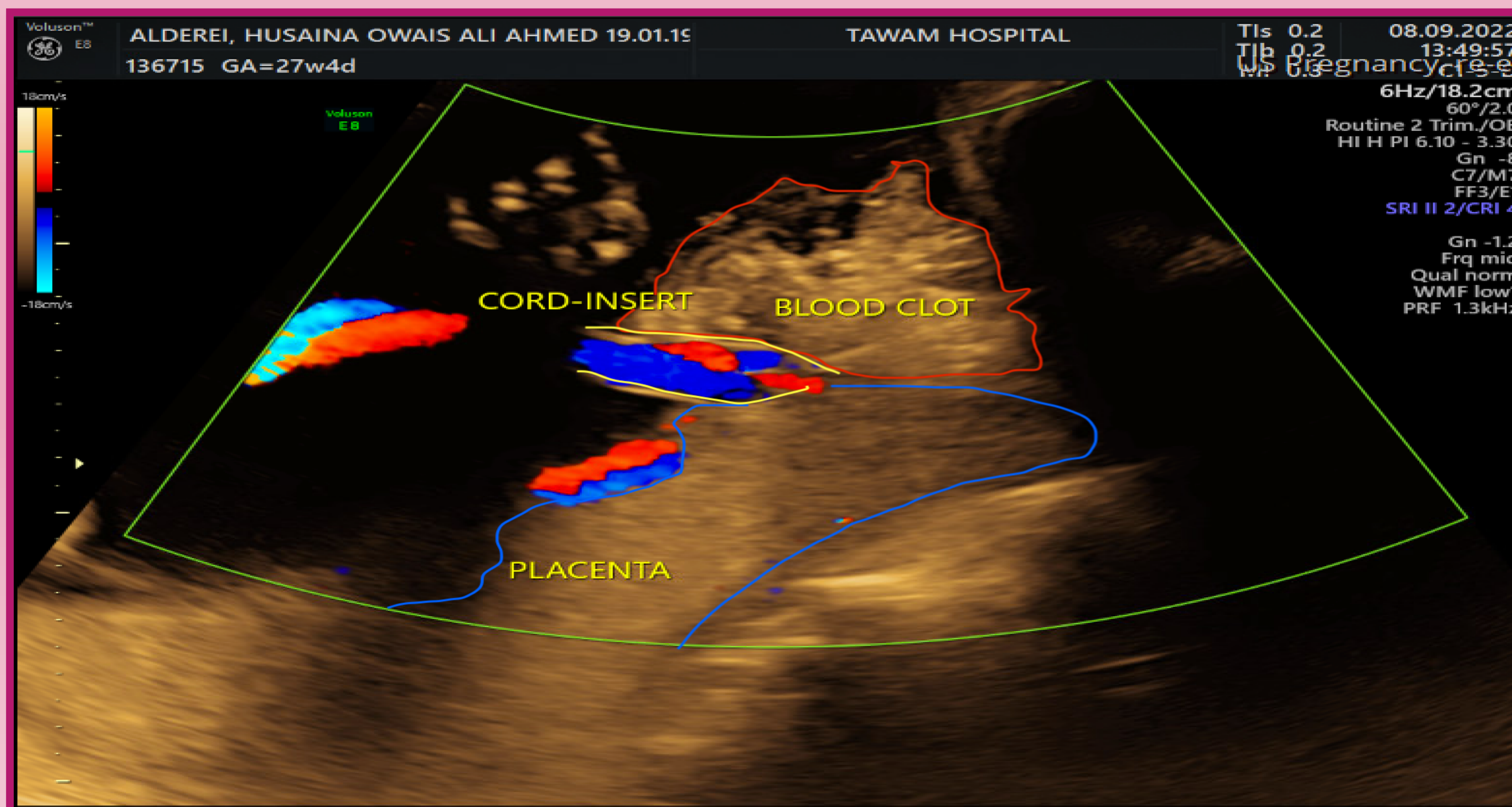
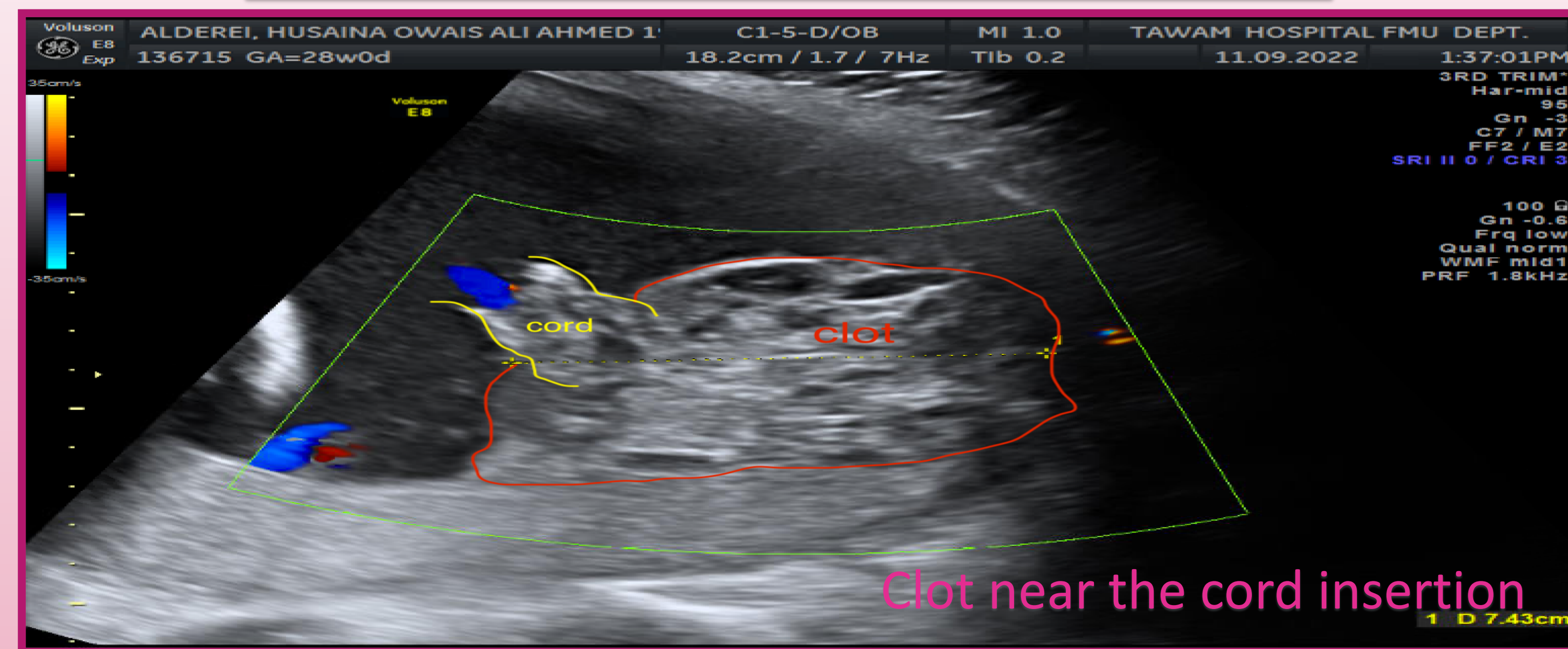
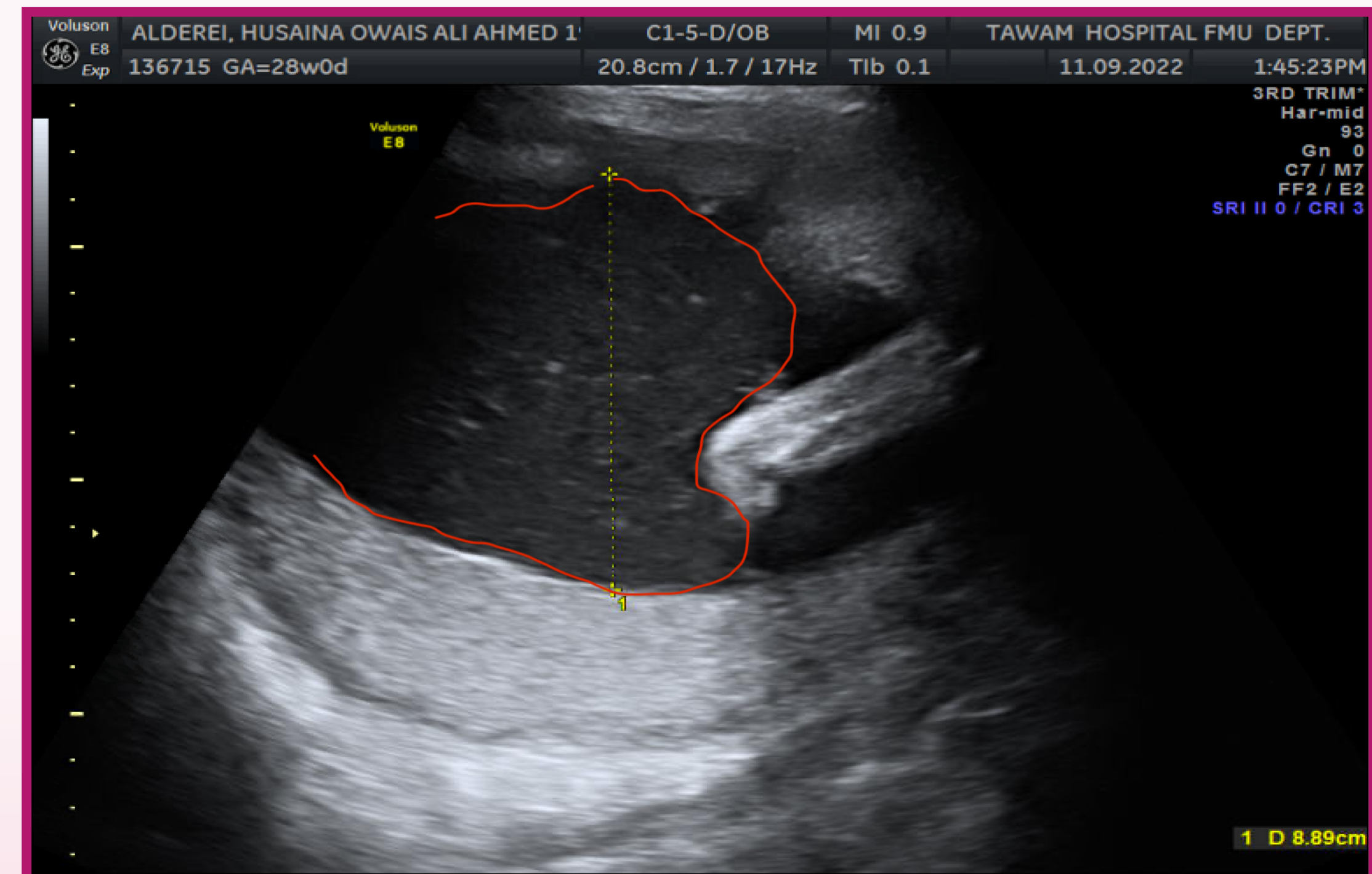
During her hospital stay patient completed Steroids for fetal lung immaturity , received blood transfusion. 6th day of admission patient had an episode of antepartum bleeding , and she progressed to spontaneous labor . Magnesium sulphate started for neuroprotection. progressed to fully dilatation, had rupture of membrane which revealed bloody amniotic fluid .

Delivered a baby boy , APGAR 7,8,9 at 1,5 and 10 mins

Weight 1240 grams , admitted to NNU due to prematurity

At the time of the placental delivery an area of retroplacental blood clot suggestive of partial placental abruption noted .

Patient recovery was smooth with no complications , follow up in clinic was done



Discussion

Intra-amniotic hemorrhages can be a result of an amniocentesis , bleeding from the placenta and/or can occur spontaneously .

The presence of blood in the intra-amniotic cavity can be mistaken for fetal anomaly , depending on the size of the blood clot and the length of time after the initial bleeding episode. Initially, the appearance of the blood clot will be similar to that of the placenta but over time will change in appearance. In our case, the patient had a normal anomaly scan but after the fall an ultrasound examination revealed a mass near the fetal abdomen which gave an appearance similar to that of a gastroschisis. Further scan by FMU ruled out the diagnosis.

Cases with similar diagnosis were found in the literature , one of them patient presented at term pregnancy and was hemodynamically unstable and had emergency cesarean section (1) .

Another case presented with antepartum hemorrhage and US scan done and was suggestive of gastroschisis ,and further imaging with MRI confirm the diagnosis of intraamniotic hematoma , patient delivered with emergency cesarean section (2).

Conclusion

The incidence of intra-amniotic hemorrhage is very small . Early in pregnancy, intra-amniotic bleeding may present with a confusing ultrasound picture, which may appear as a mass attached to or near the fetus. Intra-amniotic hematoma can be challenging in the diagnosis and require experts to aid with the diagnosis and sometimes will need further investigation .

References

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