



Maternal Death Due to Massive Haemorrhage from Variceal Bed Post-Caesarean Section

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Introduction

- Pregnancy with portal hypertension poses high maternal and foetal risks, including life-threatening variceal bleeding.
- Emphasizes the importance of preconception counselling, MDT care, and planned delivery in specialist centres.

Case Report

41-year-old with portal hypertension secondary to nodular regenerative hyperplasia awaiting liver transplant. Small volume atrophic liver with significant synthetic dysfunction MELD 17; UKELD 57; Child Pugh B7

Obstetric history:

- ❖ 1 successful pregnancy with SVD
- ❖ 1 stillbirth - splenic variceal rupture followed by cardiac arrest and resuscitative CS
- ❖ 1 termination (due to maternal risk)

Early Antenatal counselling regarding high maternal risk (>50% mortality)
Termination of pregnancy advised due to significant risk of maternal morbidity and mortality

Multidisciplinary team (MDT) Involvement throughout pregnancy – Key Interventions

Propranalol therapy	To reduce portal pressure and variceal bleeding risk
Iron Infusions	To manage anaemia
Variceal surveillance	To reduce risk of GI(gastrointestinal) haemorrhage
Foetal growth assessments	Foetal growth surveillance and delivery planning

- MRI at 30 weeks→ Showed extensive pelvic and abdominal wall varices
- Echocardiogram at 30 weeks→ Revealed severe tricuspid regurgitation, dilated right ventricle and concern for pulmonary hypertension

Elective C-section at 32 weeks – Surgical planning with MRI/MRV to avoid Varices

- Right paramedian Vertical Incision with high transverse Uterine Incision
- Live male infant
- EBL 1500ml with post Op Care in Liver ITU

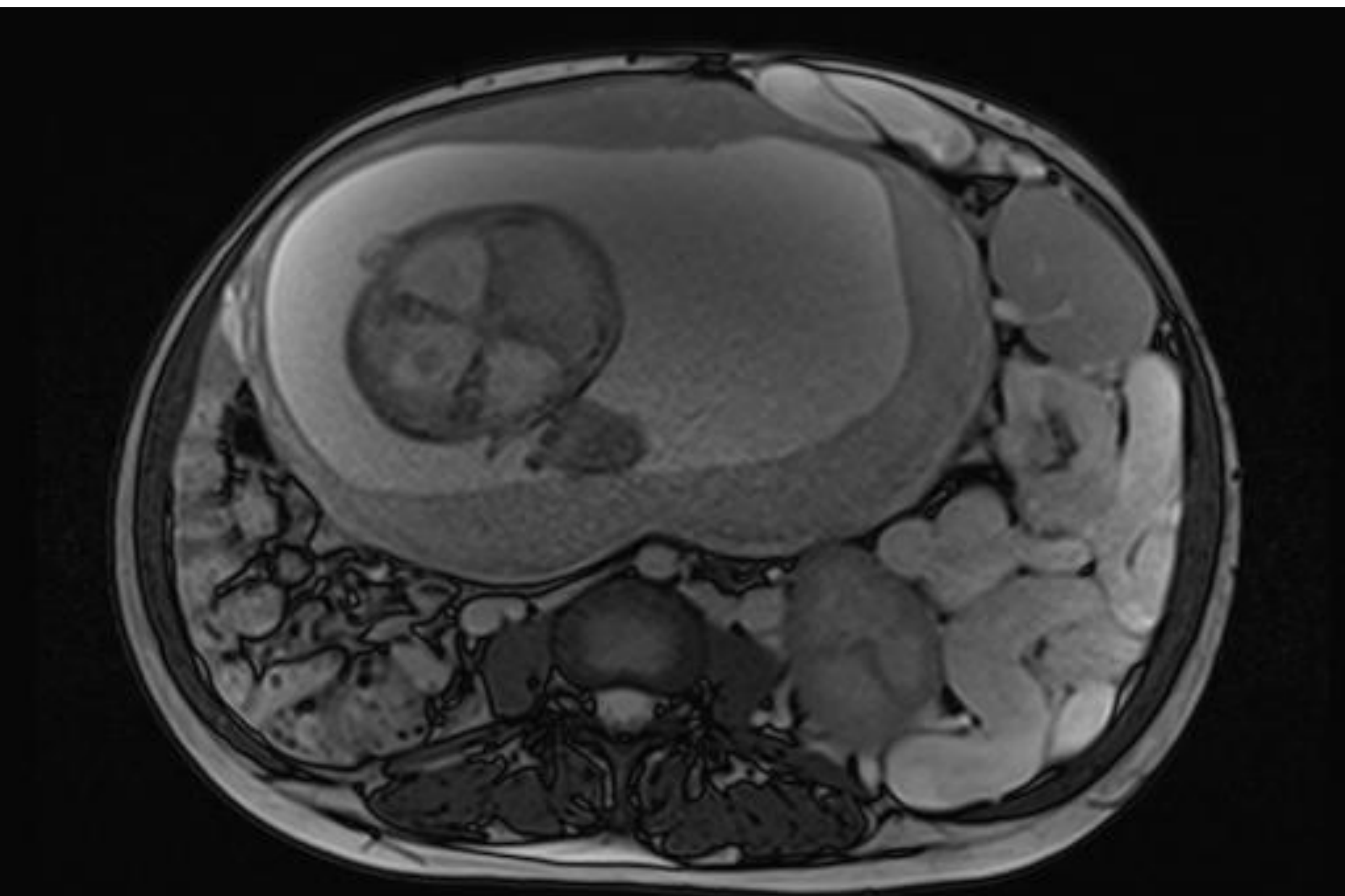


Fig1. T2 weighted MRI demonstrating varices

Day 3 PostPartum Complication

- Sudden Collapse - Massive Variceal Haemorrhage
- Emergency Laparotomy in Liver Theatres
- Attempt at surgical control of variceal bleeding

Blood Products Administered

Red Blood Cells	36 Units	10,850ml
Fresh Frozen Plasma	26 Units	6,926ml
Platelets	12 Pools	3,324ml
Cryoprecipitate	12 Units	2,436ml

- Guided Transfusion using TEG and ABG
- Surgical attempts to control bleeding unsuccessful –as multiple uncontrollable bleeding points
- Maternal death secondary to massive intra-abdominal bleed due varices

Discussion

Advanced liver disease and portal hypertension in pregnancy present complex management challenges

Risk amplified by combination of: Variceal burden, Synthetic liver dysfunction and Cardiopulmonary complications

Key management priorities include:

- Early risk stratification
- Proactive variceal surveillance
- Consideration of alternative delivery strategies

MDT involvement is vital, though may not prevent catastrophic outcomes in severe cases