

Spontaneous Rectus Sheath Hematoma at 32 weeks-
A Rare Presentation Mimicking Abruption

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Introduction

- Rectus sheath hematoma(RSH) is a relatively rare but easily missed differential diagnosis for acute abdominal pain
- Though common in people on anticoagulation, very few cases have been reported in patients taking aspirin and during pregnancy
- Here we report a patient in her 32nd week with RSH

Background

- 38 years, G4P3 (3 vaginal births)
- Low PAPP-A in this pregnancy(for which she was on Aspirin 150mg OD)
- Appendicectomy in her childhood

Presentation

- Sudden worsening abdominal pain- epigastric and left hypochondrial
- Bout of URI and severe cough- 3-4 days before onset of pain

Examination

- Hemodynamically unstable (BP- 82/53), very pale
- Abdomen- Tender on all quadrants
- Uterus- soft, not contracting
- Obstetric Ultrasound -Fetus in oblique lie, Good Heart Rate ,
Homogenous mass at the level of the uterus, probably blood clots (?Abruption)

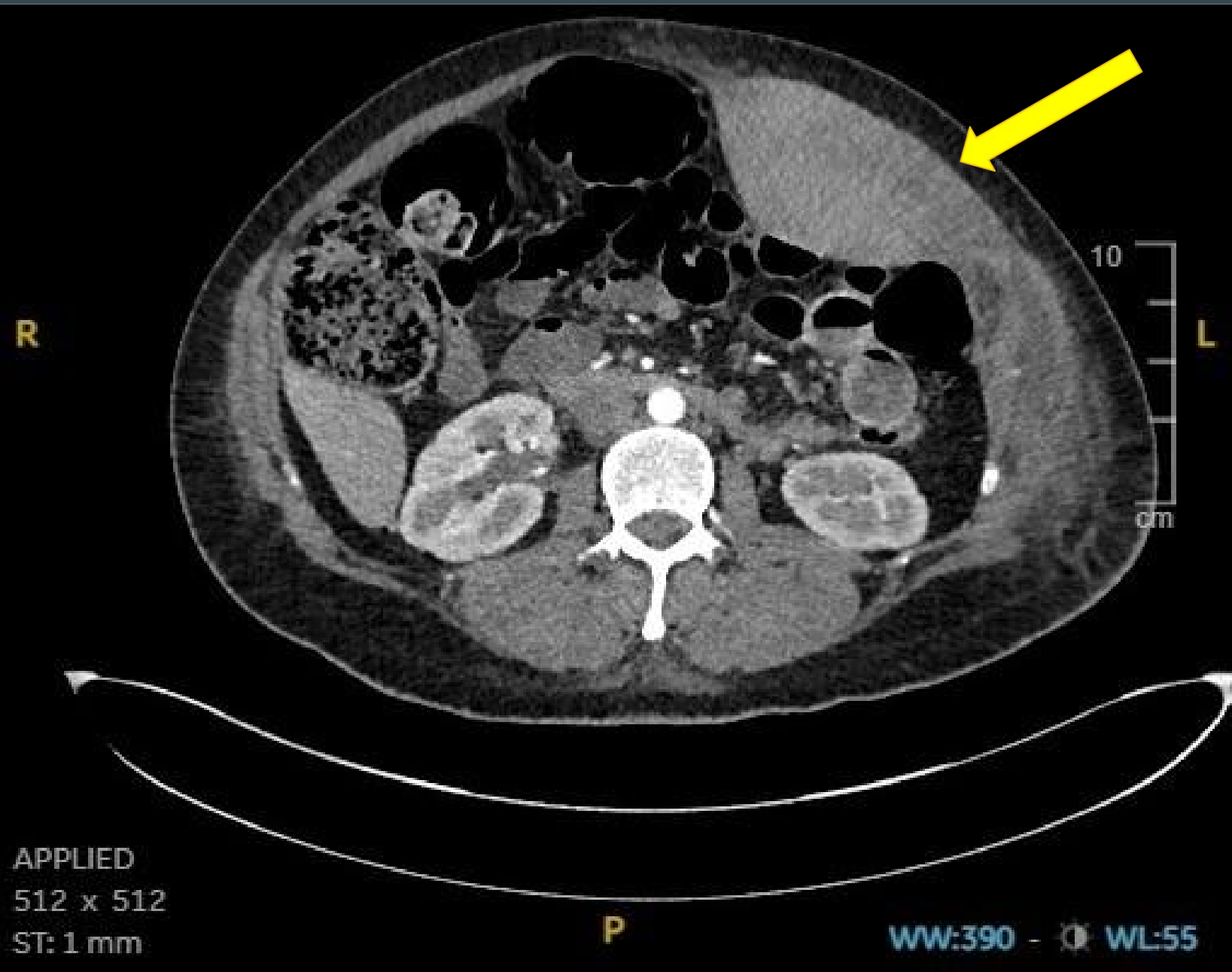
Clinical Events

Suspected Abruption- Proceeded with Cat 1 LSCS

- Large hematoma noted on entry along the rectus sheath.
- No abruption, **Uterus intact**, Baby delivered in good condition
- General Surgery input - Left sided rectus sheath hematoma, No obvious bleeding, **Hematoma left untouched**, Left anterior and posterior sheaths **hemostatic stitch taken**.
- 2 units transfused intra-op
- Routine closure

Day 2- Blood pressure- 91/58 Steady drop in Hb
Urgent CT Angio No obvious contrast blush

Day 5- Good Recovery, Stable Hb
Discharged



CT Angio done on Day 2 –
Arrow pointing to the left rectus sheath hematoma

Discussion

- RSH is an uncommon but serious differential for abdominal pain in the antenatal period.
- Early diagnosis and prompt decision reduce considerable risks to fetus and mother.
- Presentation in third trimester can easily mimic abruption.
- Cross sectional imaging can help in diagnosis
- Treatment- Conservative or Surgical depending on hemodynamic stability