

ENDOMETRIOSIS OF THE SPLEEN

A HIDDEN DANGER POST-PARTUM

A fit 38-year-old woman delivers her baby... then collapses from massive internal bleeding.

"I remember my left shoulder hurting and wondering "Why is that?" But it was tolerable, and I felt it was not worth complaining about."

INTRODUCTION & CONTEXT

- 10% of women worldwide have endometriosis
- Non traumatic spleen rupture is rare and often fatal in pregnancy

OFTEN MISSED

RARE

CLINICAL DETERIORATION

- Fit and well 38 year old had spontaneous vaginal birth at term with minimal blood loss.
- Collapsed 90 mins later with no external blood loss.

**Not bleeding from below...
but bleeding within**

SURGICAL INTERVENTION

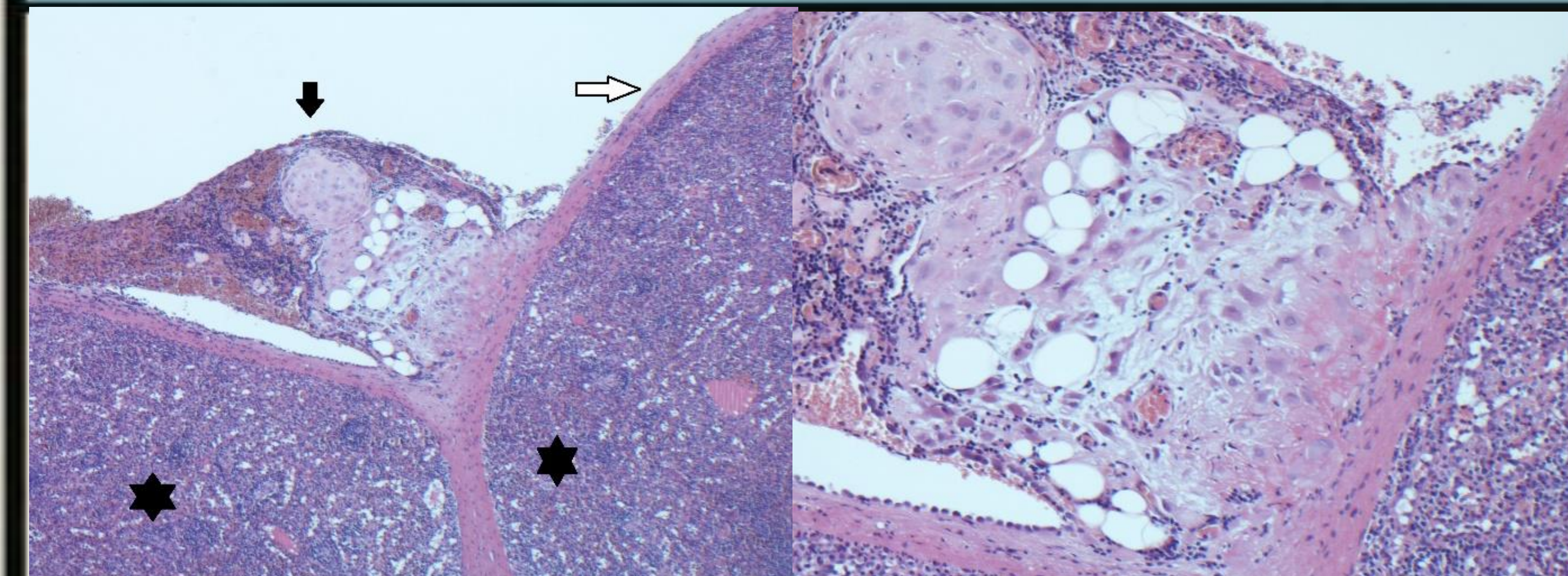
- General Anaesthetic and transfusion
- EUA: No blood seen PR/PR, well contracted uterus, no pelvic mass
- Ultrasound: Copious free fluid in abdomen

MIDLINE LAPAROTOMY

- Massive haemoperitoneum
- No bleeding from pelvic organs
- Splenic bleeding identified, manual compression until splenectomy performed by general surgeon.

Her total blood loss was 12.5 litres. Post operatively, after a period in critical care, she made a good recovery

RARE DIAGNOSIS: Splenic Endometriosis



a) x40 magnification H&Es staining. Focal decidual change on the splenic capsule. Black arrow: area of decidual change. White arrow: normal splenic capsule. Stars: Splenic tissue.
b) x100 magnification. Nodule of decidual change highlighting the large polygonal eosinophilic cells with abundant cytoplasm. Images kindly prepared and annotated by Dr Tamasin Doig, Consultant Pathologist, Western General Hospital, Edinburgh. EH4 2UX.

Not previously reported in a pre-menopausal patient



LESSONS LEARNED

Registrar:

Surgical and non-surgical problems can be treated in theatre if urgent and large team needed

Midwife:

Being asked for a second oxytocin infusion is odd – something was not right - so I got senior medical staff to attend

Obstetrician:

An abdominal instrument tray is better than a 'forceps' tray for immediately switching to laparotomy

Anaesthetist:

Bringing the patient to theatre to start resuscitation was key, even when the diagnosis was unclear initially.

**Awareness saves lives.
Look beyond the usual suspects.**