



Subcapsular Hematoma Rupture in Pregnancy

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Case Presentation

- 38 yo G₅P₂ at 34 weeks EGA with history of chronic hypertension and poor obstetric history
- Surgical history pertinent for 3 prior cesarean deliveries
- Presented to the OBED with complaint of acute right upper quadrant pain
- VS: HR 73, BP 158/105, SpO₂ 100%
- Labs: PCR 0.29, AST 37, ALT 31, and PLT 146K
- Imaging: RUQ ultrasound revealed a 2.7cm hypoechoic lesion in the right lobe of the liver consistent with hepatic hemangioma per radiology read (Figure 2)
- Admitted for observation → began contracting in the ED → repetitive late fetal decelerations
- Repeat bedside ultrasound → free fluid in the abdomen → to OR for emergent CD under spinal anesthesia
- 1.5L of blood was evacuated from the abdomen, fetus delivered with Apgars 4/8 → general surgery consulted to pack the liver 2/2 (converted to GETA, a-line, 2 PIV) → to IR for embolization → to ICU
- Transfusion requirements 3 units pRBC, 2 PLT, and 1 cryoprecipitate
- Complicated postoperative course
- She was discharged to home on POD #9

Intraprocedure Grid/Graph

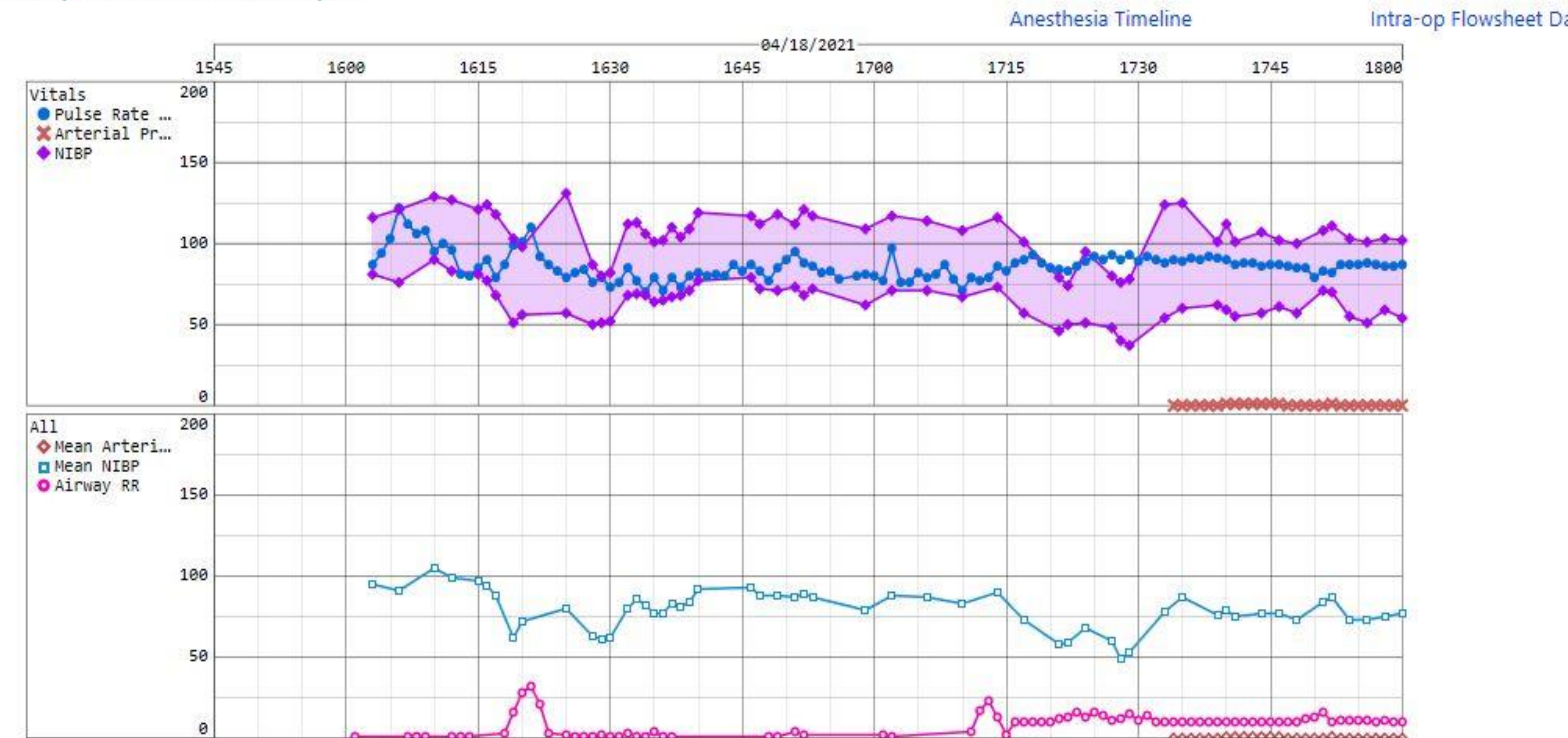


Figure 1: Intraoperative VS

Discussion

- Subcapsular hematoma rupture is a rare complication of pre-eclampsia and HELLP syndrome which carries a maternal mortality of up to 20%
- Aggressive management of hemorrhage and coagulopathy are pertinent to provide best outcomes
- Pre-eclampsia and its complications can present as a wide spectrum of findings and providers must remain diligent regarding this potentially fatal complication



Figure 2: 2.7 cm hypoechoic lesion in right lobe of liver