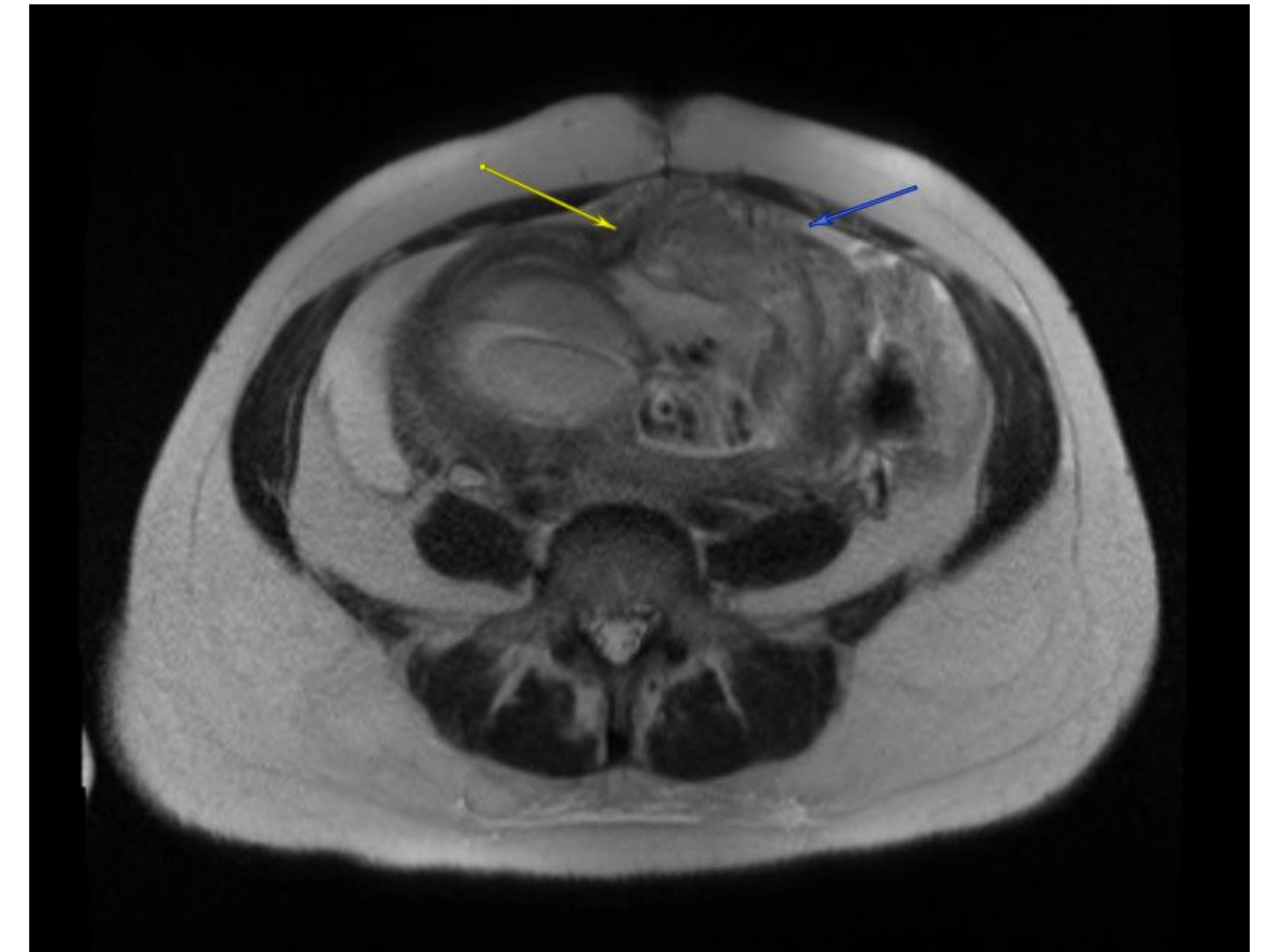


Preterm delivery in a patient with spontaneous hemoperitoneum in pregnancy and concurrent placenta accreta

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38yo G1PO

- PMHx: Stage IV recurrent endometriosis, cHTN, cholelithiasis, IVF pregnancy
- PSHx: diagnostic lap, robotic myomectomy, lap LOA, and cystectomy
- Presented to OSH at 22w4d GA
 - CC: Abdominal pain
 - Anemic to 6 mg/dL, 1.7L blood via paracentesis, massive transfusion
 - No fetal distress
- Transferred at 23w0d
 - BMTZ x2
 - Continuous toco, NST qShift
 - HgB stable; qDay labs
 - MRI concerning for placenta accreta spectrum
 - Main OR, gyn/onc on standby for delivery



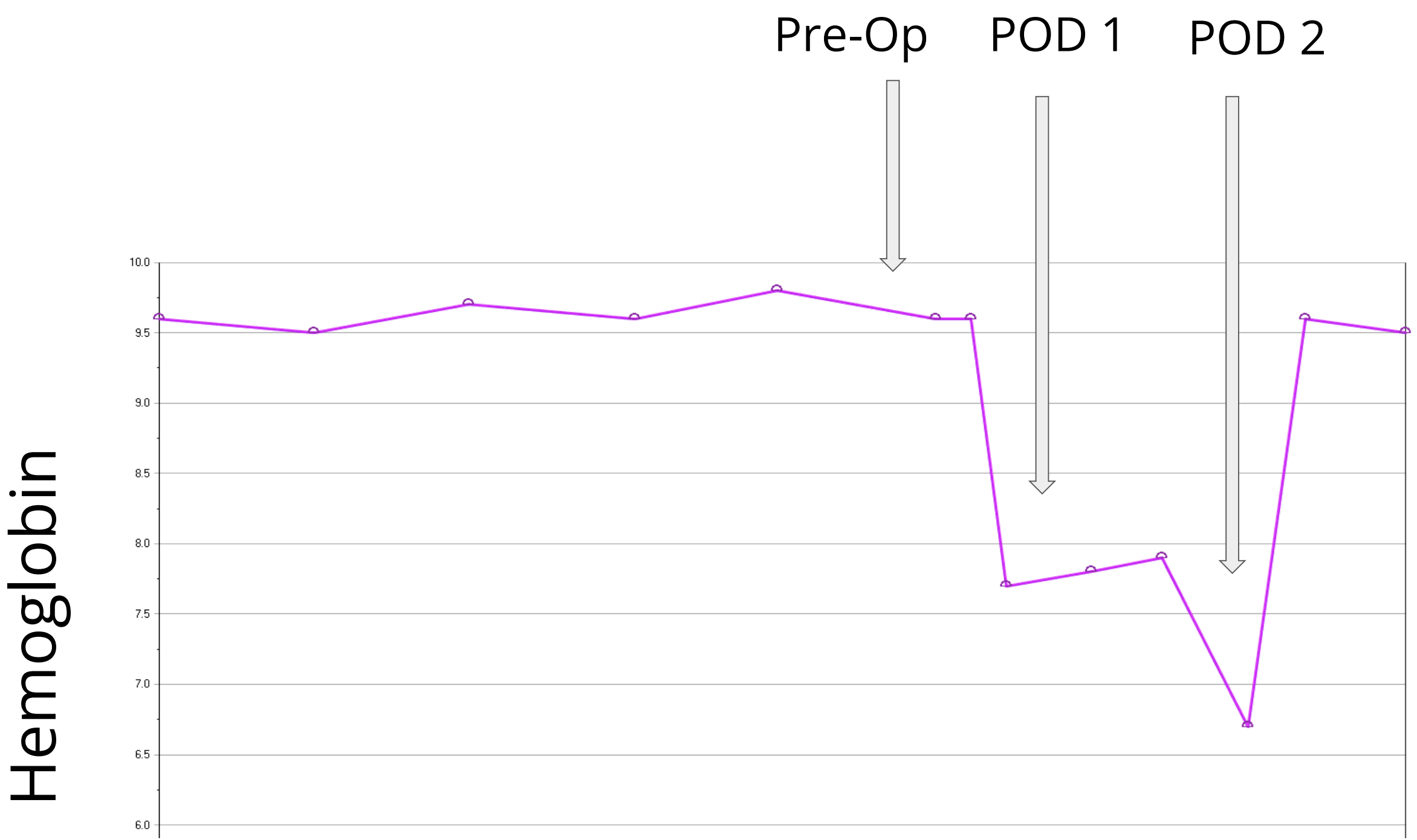
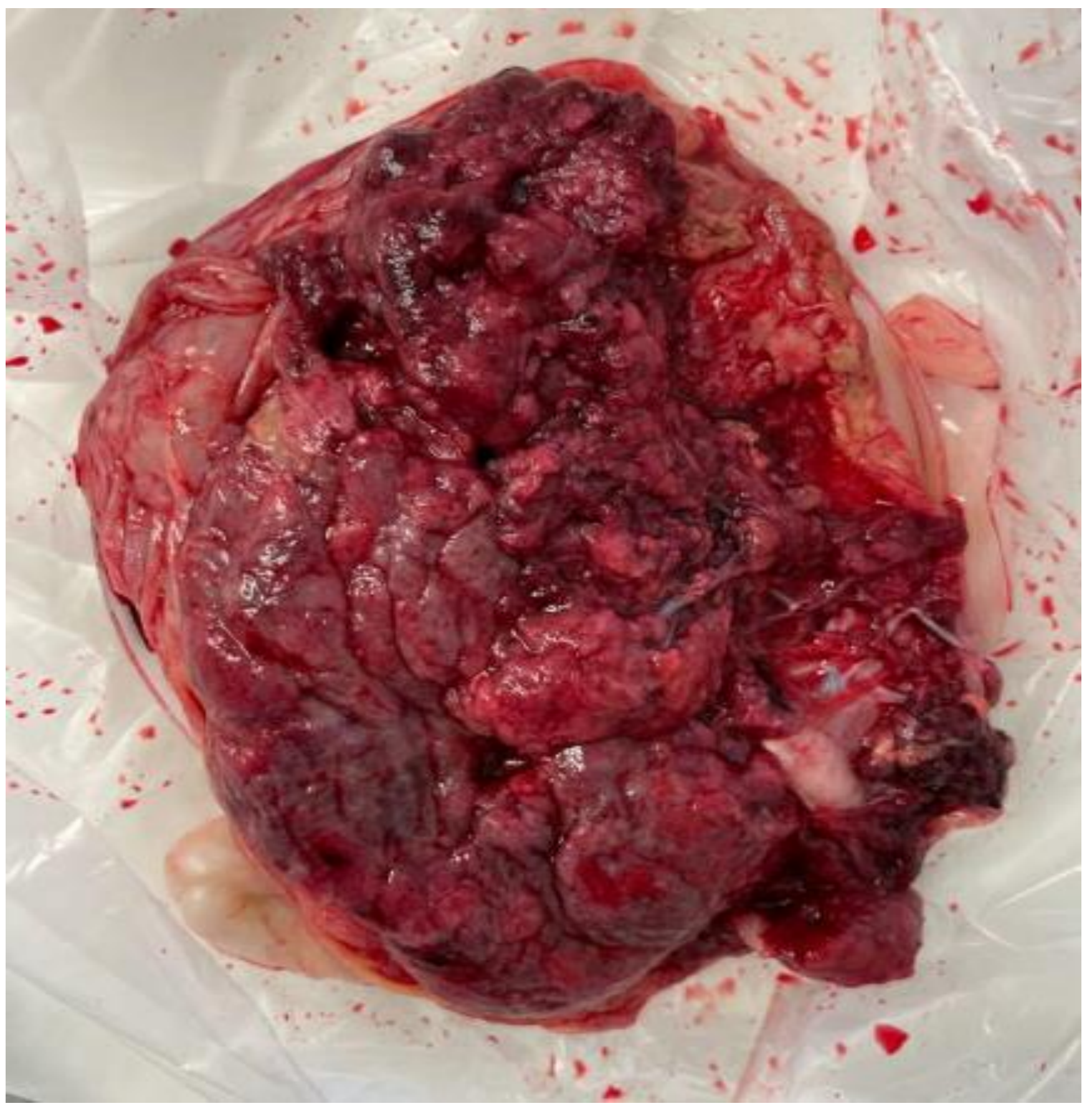
MRI demonstrating heterogeneous placenta, with focal bulge of the anterior fundal uterine contour and thinning of the adjacent uterine myometrium.

Hospital Day 17 (25w3d GA)

- AM rounds: Acutely worsening abdominal pain, PO intolerance
 - Bedside US concerning
 - Painful uterine contractions q 3mins, variable FHT
- Anesthetic Record
 - 12:02PM Main OR activated for urgent delivery, PIV 14g x2 placed on L&D
 - 12:41 Arrived to OR
 - 12:59 A line placed
 - 13:17 CSE placed
 - 13:45 Surgical Incision
 - 14:03 "Peritoneum entered. Percreta with bladder involvement and major hemorrhage anticipated per OB."
 - 14:08 Uterine incision
 - 14:10 Baby delivered
 - 14:10 Placenta delivered, no significant bleeding, oxytocin started
 - 15:14 Uterus closed, HgB 8, bleeding controlled
 - 16:20 Transport to L&D PACU with CSE for pain control
 - I/O: + 2.5L crystalloid, 500cc 5% albumin; 800cc EBL
- POD1 Pain controlled with CSE
- POD2: Epidural catheter removed, 1u pRBC
- POD11: Discharged home (development of ileus prolonged stay)



Top Left: New fluid collection on bedside US
Top Right: Dense peritoneal and bowel adhesions
Right: Placenta with cot and sheared vessels



Take Home Points

- Spontaneous Hemoperitoneum in Pregnancy (SHiP): unprovoked intraperitoneal bleeding in pregnancy or postpartum
 - Risk Factors
 - Endometriosis
 - Ovarian hyperstimulation techniques
 - Previous SHiP
 - Presenting symptoms
 - 50% in 3rd trimester
 - Abdominal/flank pain, hypovolemic shock, anemia, fetal distress
 - Diff dx placental abruption, uterine rupture
 - High fetal and maternal morbidity
- Expectant management is possible
 - Extensive multidisciplinary coordination
 - Contingency planning for emergent delivery (when/where to deliver, anesthetic plan)

References:

Lier, M. C., Malik, R. F., Ket, J. C., Lambalk, C. B., Brosens, I. A., & Mijatovic, V. (2017). Spontaneous hemoperitoneum in pregnancy (SHiP) and endometriosis—a systematic review of the recent literature. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 219, 57-65.

