Difficult surgical exposure imposes additional hemorrhage risks: a case of extra-uterine bleeding postpartum

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Background

- Postpartum hemorrhage contributes to maternal morbidity and mortality.
- Prompt recognition is critical to avoid shock, coagulopathy, massive transfusion, and invasive interventions.
- Although uterine atony is the most common cause, concealed extra-uterine arterial bleeding is a rare, high-risk presentation.

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Case Presentation

- 34-year-old G6P4014 at 37w0d with limited prenatal care, BMI 45, uncontrolled GDMA1, and four prior cesarean deliveries presented for her 5th cesarean delivery.
- Intra- op: EBL 800 mL. She received TXA, oxytocin, and methergine.
- POD1: OBET for hypotension.RUQ tenderness to palpation with minimal vaginal bleeding. Hemoglobin was 6.1 gm/dL.
- CT abdomen/pelvis: large volume hemoperitoneum in the right pelvis/extraperitoneal space and active extravasation originating from the right hemipelvis.
- The inferior epigastric artery (IEA) was embolized by Interventional Radiology.
- Resuscitation: 2 units pRBC, 3 units of FFP, and 1 unit of cryoprecipitate.
- She stabilized and was discharged on POD 4.

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Teaching Points

- Inferior epigastric arterial hemorrhage is uncommon after cesarean delivery but can be life-threatening.
- Several patient factors contributed to a challenging surgical exposure and increased procedural risk including **obesity** and a **high-order repeat cesarean**.
- Early detection is critical.
    - Hypotension with a disproportionate hemoglobin drop despite minimal vaginal bleeding and firm uterine tone should trigger transfusion, urgent imaging, and expedited coordination for definitive therapy.
- Transcatheter arterial embolization has been demonstrated to be an effective hemostatic strategy for IEA hemorrhage, with reported initial success rates of approximately 90%.

Ko SF, Lin H, Ng SH, Lee TY, Wan YL. Postpartum Hemorrhage With Concurrent Massive Inferior Epigastric Artery Bleeding After Cesarean Delivery. American Journal of Obstetrics and Gynecology. 2002;187(1):243-4.
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