



Severe Hemoperitoneum After Transvaginal Oocyte Retrieval in a Patient With Advanced Rheumatoid Arthritis: An Anesthetic Challenge



Borislava Pujic¹, MD, PhD; Slavica Krusic², MD;

¹UCCV, Clinic of Anesthesia, Intensive Care and Pain Therapy. Obstetric and Gynecology Hospital, Novi Sad, Serbia

²Gyn & Obstetrics Hospital Narodni Front, Belgrade, Serbia



Severe hemoperitoneum following transvaginal oocyte retrieval is an extremely rare but potentially life-threatening complication of in vitro fertilization (IVF). We report the case of a 33-year-old woman with long-standing, advanced rheumatoid arthritis (RA), treated with biologic agents and chronic corticosteroids, who presented with an acute abdomen 24 hours after IVF egg retrieval.



Case report

- A 33 y.o. woman was admitted to our hospital in the afternoon
- She was pale and symptomatic, reporting abdominal pain, dizziness, and lightheadedness, with signs of hemodynamic compromise
- medical history: multiple major orthopedic surgeries, cervical spine involvement with severely restricted neck mobility, prior pulmonary embolism, and ischemic stroke
- significant predictors of difficult airway management and substantially increased the risk associated with general anesthesia
- she had consumed solid food two hours prior to admission
- emergency laparotomy was performed under combined spinal–epidural anesthesia with light sedation
- 1000 mL of blood and clots were evacuated from the peritoneal cavity - received TXA and transfusion of blood products
- patient was discharged home on postoperative day five



Case report



Conclusion:

This case underscores the importance of individualized anesthetic decision-making and demonstrates that regional anesthesia may represent a safe and effective alternative to general anesthesia in selected high-risk gynecologic emergencies, particularly in patients with advanced systemic disease and an anticipated difficult airway.

Literature:

1. Smeele HTW, Dolhain RJEM. [Seminars in Arthritis and Rheumatism](#) 2019; 49 (3) Suppl: 32- 35
2. Stojnic J at al. Medicina (Kaunas). 2023 Feb 7;59(2):307
3. Yangying Xu et al. Journal of Surgical Case Reports, Volume 2021, Issue 3, March 2021, rjab066

