

A Large Paravaginal Haematoma: An Occult Cause of Postpartum Haemorrhage



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BACKGROUND

Paravaginal haematomas are common following vaginal birth but are rarely large enough to cause severe postpartum haemorrhage[1, 2]. They may extend high into the supralelevator and retroperitoneal spaces. We present one such case which was managed conservatively.

CASE

We present the case of a 30 year old primiparous woman, who had a syncopal episode with haemodynamic instability and a BP of 80/50mmHg two hours postpartum following forceps delivery and right mediolateral episiotomy, despite an estimated blood loss of 400mLs following birth. On review she complained of severe vaginal pain, lower abdominal pain and rectal pressure. On examination she had a palpable paravaginal mass and uterine fundus deviated to the right, well above the umbilicus. CT pelvis demonstrated two paravaginal haematomas with no active extravasation, the largest (figure 1) measuring 7cm x 8cm x 12cm, extending superiorly into the supralelevator and extraperitoneal spaces inferior to the right broad ligament.

Figure 1: Coronal CT image of large paravaginal haematoma extending to the supralelevator space*

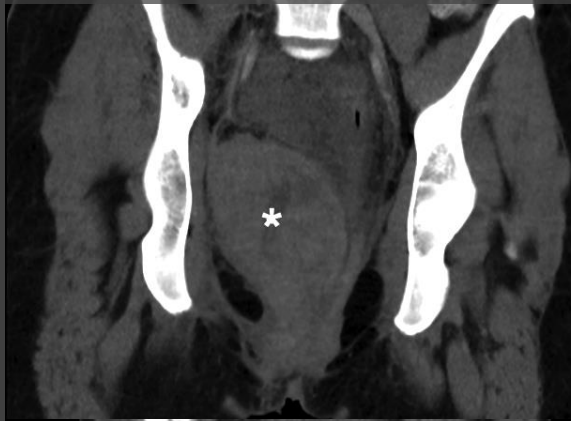


Figure 2: Coronal CT image of right broad ligament haematoma*, blood products in uterine cavity#, indwelling urinary catheter balloon\$



The patient's haemoglobin fell from 132g/L to 71g/L. The patient was successfully managed conservatively with intravenous fluid resuscitation, analgesia, intravenous antibiotics and one unit of packed red blood cells. She remained well, was discharged home day 3 postpartum on oral antibiotics and repeat CT at two weeks postpartum demonstrated partial resolution of the paravaginal haematoma.

DISCUSSION

This case supports the conservative management of even large paravaginal haematomas, and highlights that these may extend into difficult to access spaces, making surgical evacuation by a vaginal or laparoscopic approach technically difficult.

REFERENCES

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