A Rare Case Of Spontaneous Rupture Of Right Superior Epigastric Artery Causing Rectus Sheath Hematoma Formation Mimicking Placental Abruption - Case Report And Review Of Literature

Samarakkody S.N[1]; Senaratne H.M.S[1]; Rajakaruna R.M.U[1]; Raamachandran R[1]; Matthys A[1]

[1]Hervey Bay Hospital

Introduction

Rectus sheath haematoma (RSH) in pregnancy is a rare condition caused by injury to superior or inferior epigastric artery which could easily be misdiagnosed for other intra-abdominal pathologies leading to therapeutic dilemmas at clinical evaluation. Large RSH may contain up to two liters of blood and may lead to substantial maternal and foetal morbidity and mortality[1] We report a case of RSH that was initially suspected to be a placental abruption with bleeding into an extrauterine compartment.

Objectives

To describe the management of a patient with spontaneous RSH in pregnancy and to review literature emphasizing the importance of correct diagnosis in management.

Case

33-year-old mother of three children at 39-weeks of gestation with background history of rheumatoid arthritis on prophylactic Aspirin, presented with acute onset of severe persistent abdominal pain clinically resemblance of placental abruption and misinterpreted bed-side ultrasound scan findings of "retro-placental clot" was managed by an emergency Caesarean surgery with a delivery of live baby. No evidence of abruption was detected intra-operatively but revealed a large RSH caused by ruptured right superior epigastric artery which was drained and repaired with help of surgical colleagues.

Results

Post operative clinical assessment revealed a rapid recovery of clinical symptoms and stable hemoglobin after 2 units of blood transfusion.

Discussion

Risk factors associated with RSH are advanced age, anticoagulant therapy, hypertension, paroxysmal coughing, previous abdominal interventions, trauma, blood dyscrasias, severe vomiting, and strenuous physical activities. Anticoagulant treatment is the most common cause, and paroxysmal cough is the most likely precipitating factor[2].

RSH can cause severe complications, including hypovolemia leading to poor placental-foetal perfusion and foetal distress. This could lead to emergency C-section and premature delivery[3].

Ultrasound scan and MRI can be used to diagnose during pregnancy along with clinical judgment. Computed tomography is the gold standard for diagnosis with 98% sensitivity and specificity and can be used pre- or post-natally[4].

The early recognition of RSH challenges the diagnostic judgement of obstetricians due to its rarity and it should be considered in the differential diagnosis of acute abdomen in pregnancy so that correct diagnosis and management may possibly prevent catastrophic maternal and foetal outcomes.

References

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