AN UNCONVENTIONAL USE OF THE BAKRI BALLOON - CASE OF LACERATED VAGINAL VARICES POST SPONTANEOUS VAGINAL DELIVERY

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BACKGROUND:

Severe vaginal varicosities are rare with the potential to cause major post-partum haemorrhage in pregnancy. Depending on their size and severity, they can be asymptomatic or cause significant pain. A Bakri Balloon (Cook Medical)[1] is widely used to achieve haemostasis in uterine bleeding post-delivery. However only a few cases have been reported for the use of Bakri Balloon in vaginal trauma.

Figure 1: Bakri Balloon[1]

AIMS:

We report a case of a patient with vaginal varicosities resulting in a major PPH after spontaneous vaginal delivery, for which a Bakri Balloon[1] was used when other conventional methods failed.

CASE:

A 26-year-old primigravida underwent a spontaneous vaginal delivery. This was complicated by vaginal mucosal tears resulting in lacerations to previously undiagnosed VV resulting in a severe PPH. Various conventional haemostatic interventions were attempted including suturing, gauze packing and pressure application however all were unsuccessful. Using a Bakri Balloon[1] was a spur of the moment idea that successfully arrested the bleeding, saving the patient's life.

RESULTS:

To the best of our knowledge, only 3 cases have been reported in literature where a Bakri Balloon[1] has been used for vaginal trauma (Kong et al, Tattersall et al and Yoong et al). Ours is the fourth.

DISCUSSION:

This case provides us with a good example on the unconventional use of the Bakri Balloon[1] in vaginal varicosities. Various factors should be considered when using the Bakri Balloon[1] in the vagina including; patient's pain score, inflation volume, correct placement and timely deflation. Greater uptake and usage is required to better asses the outcomes and pitfalls.

REFERENCES:

1. https://www.cookmedical.com/products/wh_sosr_webds/