

Case report – Challenging category A emergency total abdominal hysterectomy for haemorrhagic shock secondary to large uterine fibroid

Stephanie Galibert (MD), Soheil Farnaghi (MD, FRANZCOG)
Logan Hospital

Background and aim

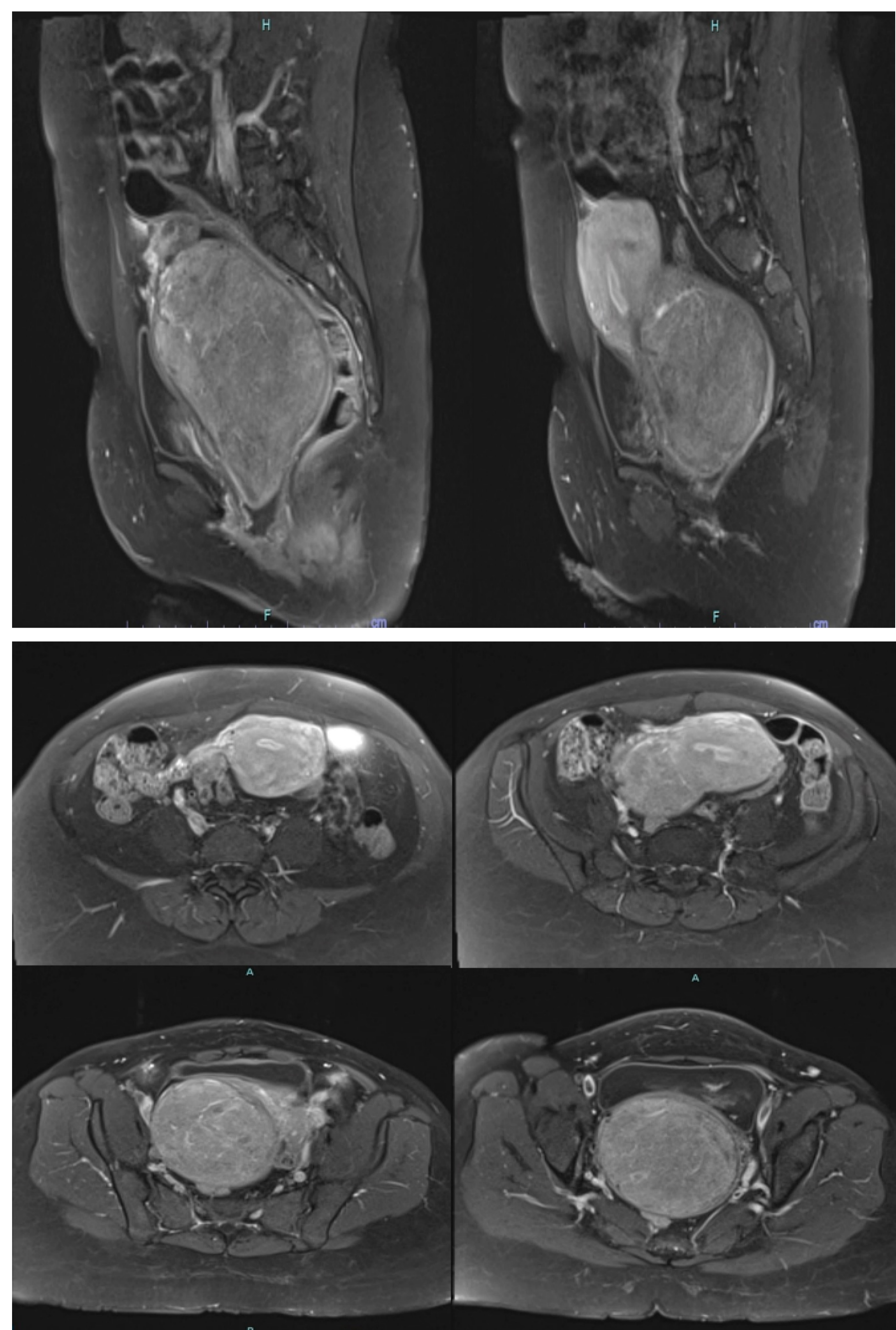
Uterine fibroids are the cause of heavy menstrual bleeding in ~30% of women¹. Hysterectomy is the definitive surgical management for the treatment of fibroid-associated heavy menstrual bleeding², however is rarely done as an emergency procedure in this setting. Majority of the literature pertaining to emergency hysterectomy is in the context of the peripartum period. There is limited data on emergency hysterectomy for Gynaecological reasons, and more specifically in the setting of uterine fibroids.

Aim: To present a rare case of Category A hysterectomy in the setting of a large uterine fibroid

Case presentation

A 49-year-old female presented to the Emergency Department with heavy menstrual bleeding on the background of a known uterine fibroid. On arrival, haemoglobin was 67g/L. She was admitted for stabilisation on Norethisterone and Tranexamic Acid. Zoladex was given with a view to shrink the fibroid prior to planning a category one elective hysterectomy after being discussed in MDT.

On day three of admission, a medical emergency was called for hypotension (systolic blood pressure 40 mmHg) in the setting of massive vaginal bleeding. Massive transfusion protocol was activated, haemodynamic resuscitation was commenced, and she was immediately taken for a category A total abdominal hysterectomy



Results

Intraoperatively, her uterus was 600cc with a large posterior fibroid extending into the broad ligament and prolapsing through the cervix into the vagina, causing severe anatomical distortion. She had an estimated blood loss of 1.4L and received 4 units of packed red cells and 4 units of fresh frozen plasma. Day 1 post-operatively, her Haemoglobin was 81 g/L; she recovered well and was discharged day 3 post-operatively. Histopathology demonstrated a 125 x 85 x 70mm benign leiomyoma.

Discussion

- Uterine fibroids are a common cause of heavy menstrual bleeding
- Preoperative planning (where possible) is important to anticipate surgical difficulties ie anatomical distortion created by large fibroids
- Rarely, as in this case, fibroids can cause profuse vaginal bleeding leading to haemorrhagic shock, which requires urgent stabilisation and surgical management

References

1. Uimari O, Subramaniam KS, Vollenhoven B, Tapmeier TT. Uterine Fibroids (Leiomyomata) and Heavy Menstrual Bleeding. *Front Reprod Health.* 2022;4:818243.
2. Giuliani E, As-Sanie S, Marsh EE. Epidemiology and management of uterine fibroids. *Int J Gynaecol Obstet.* 2020;149(1):3-9.