

Spontaneous haemoperitoneum in pregnancy (SHiP) and endometriosis: A Case Report

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Introduction

It is estimated that about 20% of women are affected by endometriosis. Even though endometriosis can have a negative impact on pregnancy rates, direct complications during an ongoing pregnancy caused by endometriosis are rare. Spontaneous haemoperitoneum in pregnancy (SHiP) due to endometriosis is a very uncommon but potentially life threatening situation. Preoperative diagnosis can be challenging as SHiP may not always present with clinical signs of hemorrhagic shock. We present a case which was managed in pregnancy with a favorable fetal and maternal outcome.

Case

We present a case of a 39-year-old primigravida, who presented at 16 weeks with sudden onset of severe lower abdominal pain without contractions. The woman was known with the diagnosis of endometriosis and infertility for 3 years. Further medical history was clear.

On admission, pain score was 8/10 (visual analog scale). The vital signs were stable. Abdominal palpation revealed a slightly distended abdomen, tenderness to deep abdominal palpation without acute peritoneal signs. The hemoglobin (Hb) level was within normal range (11.6 g/dl). The abdominal and transvaginal ultrasound showed free fluid in the pelvic cavity and in both the left and right upper abdomen. Further a viable fetus with a full biophysical profile and no signs of placental abruption was confirmed. Due to these findings and the worsening of vital signs a immediate laparoscopy was performed.

Intraoperatively, a massive haemoperitoneum was confirmed with about 2000 ml of fluid and clotted blood. After aspiration, the small pelvis could be visualized revealing multiple deep endometriosis implants in the peritoneum.

A deep node of endometriosis located in the parametrium left could be identified as source of (Fig.1). In order to achieve a fast control of the bleeding a laparotomy was performed. A total of 4 red cell concentrates were transfused. The vital signs were stabilized. Postoperatively a viable fetus could be reassured. The rest of the pregnancy and delivery passed without further complications.

Discussion

SHiP is a rare but potentially life-threatening complication of pregnancy. The major risk factor for SHiP is the presence of endometriosis, although no correlation between the stage of endometriosis and the severity of SHiP has been reported.

Because of the difficulty and the rarity of the diagnosis and particularly presentation of an unstable maternal haemodynamic state and consequent fetal distress, surgical intervention is necessary. The most common location of arterial or venous bleeding is the posterior surface of the uterus and parametrium. Laparotomy is therefore the most feasible approach to control the bleeding.

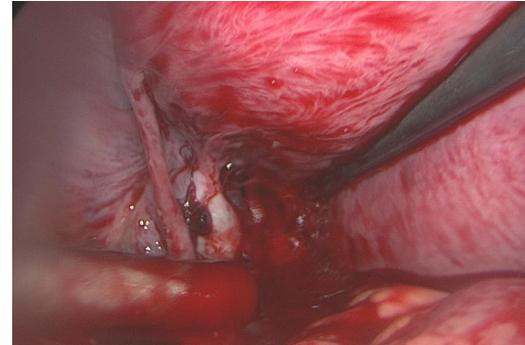


Fig. 1. Bleeding from the decidualized tissue over posterior surface of the uterus was observed

Conclusion

Differential diagnosis of acute abdomen and haemoperitoneum in the pregnancy bleeding from pelvic endometriosis has to be considered