A Case of Haemoperitoneum in a Pregnant Woman

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**BACKGROUND**

Haemoperitoneum and shock associated with coital injury is rare, particularly in the absence of vaginal trauma. Even fewer are reported in pregnancy. This case report describes a case of post-coital haemoperitoneum secondary to uterine artery trauma resulting in significant hypovolaemic shock in a pregnant woman.

**CASE (Cont.)**

O/E: Alert and orientated, although clinically shocked (hypotensive, tachycardic and pale). Her abdomen was rigid with guarding and rebound tenderness. Uterus was appropriate for gestational age and soft. Fetal heart rate on Doppler was normal and there was no vaginal bleeding.

Investigation:
- FBC = 9.3g/dL
- USS: large volume free fluid in abdomen and pelvic management

**Management:** Crystalloid resuscitation was commenced. Blood transfusion commenced.

Urgent laparotomy undertaken on provisional diagnosis of ruptured splenic artery aneurysm.

Two Litre haemoperitoneum with no source of bleeding initially identified. Gentle anterior mobilisation of uterus revealed bleeding vessel at the right uterine artery vascular pedicle.

The right round ligament and Fallopian tube were divided from uterus to access the right uterine vascular pedicle which on closer examination was actively bleeding. Haemostasis was achieved with vascular clips and sutures. The patient had an uneventful post-operative recovery, including CTG and fetal wellbeing USS, and was discharged day six.

Follow up obstetric USS on four-weekly basis were reassuring for fetal growth and placental function. A vigorous 3000g boy was delivered at 39\textsuperscript{+2} by caesarean for breech presentation.

**CONCLUSION**

Post-coital haemoperitoneum and shock in a pregnant woman without vaginal trauma is a rare but serious clinical scenario. This case highlights importance of rapid assessment and surgical intervention in a compromised patient. Fetal growth and placental function were unaffected by this event.