RECTUS SHEATH HAEMATOMA COMPLICATING PREGNANCY

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Rectus sheath haematoma complicating pregnancy is a rare maternal injury and difficult to diagnose, hence this case report is presented.

Case Report

Mrs. XYZ, a Hindu female, 35 years old, was admitted to the Mayo General Hospital, Nagpur, on 7-6-64 with the complaint of pain in the left hypochondriac region. The pain was of sudden onset and started after a bout of cough the previous day.

Menstrual history: amenorrhoea 8 months, before that the periods were regular. Obstetric history: The patient was a 12th gravida, and had had 8 full-term normal deliveries, of which 6 were alive. She had had 3 abortions. General examination: general condition fair, pulse 84 per minute, blood pressure 160/100 mm. Hg. There was no oedema on feet, though the patient was pale.

Abdominal findings: The uterus was 30 weeks' size, but was deviated to the right. A mass in the left hypochondriac rigion was palpable in continuity with the uterus. Enlarged spleen was excluded as the examining fingers could be insinuated under the costal margin. The mass was irregular and tender; muscle guarding was present. Foetal heart was normal.

Vaginal examination: The uterus was enlarged to 30 weeks' size, and the lump could not be made out separate from the uterus. Th pelvis was adequate and there was no vaginal bleeding.

On admission 50 mgms. of pethidine hcl. was given and patient kept under observation. Next day, the pulse rose to 92 per minute but the volume and tension were normal. Because of severe pain and the palpable tender lump, diagnosis lay between a twisted ovarian cyst and a fibroid undergoing degeneration (complicating pregnancy). Silent rupture of the uterus was thought of but was excluded because of fairly normal pulse.

Treatment: Under spinal anaesthesia laparotomy was done by midline subumbilical incision. No mass was felt in the abdominal cavity, except the normal pregnant uterus. On looking around oedema was noted in the rectus sheath and this gave the clue to the diagnosis of rectus sheath haematoma. The rectus sheath was explored. A big haematoma was present behind the rectus muscle, above the umbilicus extending to the left subcostal region. About one pint of blood clot was removed. Only one oozing point was seen which was ligated with a figure of 8 stitch. The deep epigastric vessels could not be seen nor much attempt made to explore for them because there was no fresh bleeding on removal of the clot. As the patient had six living children sterilization was done by ligation of the tubes. Abdomen was closed in layers.

Post-operative management: The patient was kept on broad spectrum antibiotics and well sedated, but she delivered prematurely on 10-6-64. It was a female baby weighing 2 lbs. and 2 ozs. The infant died on 12-6-64 due to prematurity. The stitches were removed on 16-6-64 and patient discharged on 18-6-64 after an uneventful recovery.

Comments

This rare injury usually occurs late in pregnancy but this patient was just

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7 months pregnant; 90% of patients are multiparous as in this case. Coughing is the commonest predisposing factor; this patient also started the trouble after a bout of cough. The haematoma usually occurs below the umbilicus and if it occurs above the umbilicus it remains localised because of the horizontal serrations attaching the rectus muscle to the posterior rectus sheath. Usually the haematoma is an elongated swelling to one side of the midline, limited by the outer border of the rectus sheath, but in this case it extended to the left costal margin.

If the haematoma is directly on the peritoneum it produces signs of peritonism and then it is difficult to differentiate it from fibroid with red degeneration, a twisted ovarian cyst complicating pregnancy or from concealed accidental haemorrhage. In 1943 Torpin reported 13% mortality in this condition, thus it is as dangerous as any other cause of haemorrhage complicating pregnancy in the late stage. The foetal mortality is reported at 50%. In this case the infant died after 48 hours due to prematurity.

The usual treatment adopted is conservative if the haematoma is small; but if it is big or increasing in size it should be explored and the bleeding points secured. Bleeding is either from the superior or inferior deep epigastric vessels. In this case there was no definite bleeding point but only ooze from one spot.

One interesting point in this case was that the blood pressure on admission was 160/100 mm. Hg. and at the time of discharge it was 140/100 mm. Hg. which indicates that this case was either a case of toxaemia or of essential hypertension complicating pregnancy. It is worth considering whether in this case the toxaemia or essential hypertension was the predisposing factor as it is in some cases of accidental haemorrhage. Dawson reported a case of rectus sheath haematoma in 1944. The haematoma was not evacuated, it gradually got absorbed. Another case was published by Keevil in 1943. The haematoma was evacuated and 3/4 pint of blood was removed on the third day of postnatal period, as it caused severe pain and temperature and was diagnosed as twisted ovarian cyst. Fahmy refers to a case in which right rectus muscle was involved in a first pregnancy and in a succeeding pregnancy. In 1951 Sheehan reported one case of rectus sheeth haematoma.

Summary

A case of rectus sheeth haematoma is reported as this condition is not common and can easily be missed.

Acknowledgement

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