B. HAEMOPERITONIUM FROM RUPTURED VARICOSE VEIN ON SURFACE OF A FIBROID UTERUS

by

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CASE REPORT

M.M., 44 year old Negro nurse, was admitted on 10th October 1965, at 9.18 p.m., with the complaint of a sudden onset of tearing lower abdominal pain while she was watching the television at 5 p.m. This forced her to her knees and she could not rise for ten minutes. Since then the pain became generalized all over the lower abdomen and crampy in character. She vomited three times. There was no haematemesis. The pain was exacerbated by motion. Later, the pain became less but after an hour she became dyspnoeic and dizzy and was brought to the hospital.

The patient had two previous pregnancies, one of them was a twin delivery 15 years ago. She gave a history of having had a fibroid uterus for the last 10 years. She complained of increasing constipation for the last four months. She also had mild lower abdominal pain several weeks prior to admission which lasted only for half a day and subsided without treatment.

Physical examination revealed an acutely uncomfortable, intelligent, alert patient. Blood pressure 100/70 mm. Hg.; pulse rate 92/min.; temperature 98°F. The heart and lungs were normal. The abdomen was flat in the upper portion with normal to hyperactive bowel sounds. There was a large irregular mass arising from the pelvis reaching upto the umbilicus. There was a definite mild tenderness with a moderate rebound. No foetal heart sound was heard.

Vaginal examination revealed 2 ml. of dark red blood in the vagina, the cervix was firm and the external os was patulous. The cervix was very tender on motion. On bimanual and rectovaginal examination, a firm, very tender irregular pelvic mass was noted. This was continuous with the abdominal mass and could not be separated from the uterus.

Because of the sudden onset of pain, very tender irregular pelvic mass and a firm cervix, the provisional diagnosis of an acute abdominal crisis, superimposed on myomata uteri, possibly due to rupture of varicose vein, was made. Ruptured tubal pregnancy, twisted ovarian cyst and intestinal obstruction were kept in mind.

Laboratory examination done on admission revealed the urine to be normal, haemoglobin 11.2 gms%, haematocrit 34. Serum electrolytes, serology, and chest x-ray were normal. X-ray of the abdomen on frontal erect and supine projections revealed a large mass arising from the pelvis into the lower abdomen to the level of the superior surface of L.4. The mass was poorly delineated and showed no calcification. It caused some displacement of the small bowel. I.V.P. showed prompt visualization of the renal collecting system bilateraHy. The renal collecting system appeared normal although there was some mild fullness of the right renal collecting system and to the upper portion of the uterus as if due to mild compression by the previouslv described pelvic and abdominal mass, which also depressed the right dome of the bladder.

Under general anaesthesia, the abdomen was opened in the midline and the peritoneal cavity was found to contain one litre of clotted and non-clotted blood. The uterus was the size of a 20 weeks' preg-

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nancy with multiple fibroids and enlarged varicosities, one of which was actively bleeding because of rupture. The vein was on a fibroid situted at the fundus. Both ovaries and tubes were normal. A total abdominal hysterectomy was done. The appendix, which was normal, was also removed. Two pints of blood were given during the operation.

The patient had elevated temperature on the second post-operative day and a course of antibiotics was given. After that she had a smooth convalescence and left the hospital on the tenth post-operative day.

Histopathology: Gross specimen consists of a deformed uterus measuring 20 x 15 x 7 cms. It is occupied by numerous fibroid nodules, the largest occupying the fundus and measuring 7.5 cms. in diameter. Endometrium is thin. The cervix is not remarkable. There are dilated veins attached to the wall of the uterus at the fundus and one of these appears to be ruptured.

Microdiagnosis:

A. Leiomyomata uteri, adenomyosis, dilated parauterine veins with rupture. Chronic cervicitis.
B. Vermiform appendix.
C. Secretory endometrium.

Commentary

The patient was sitting quietly at the time of onset. Most probably the rupture was due to congestion, as the patient was menstruating. In most of the reported cases the fibroid was situated on the posterior surface, but in this case it was fundal.

As in most of the cases reported, a total abdominal hysterectomy was done.

Summary

1. A case of haemoperitoneum from rupture of a varicose vein of a fibroid uterus is reported.

2. The possible aetiological factors are discussed.

3. The differential diagnoses is discussed.

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