HAEMOPERITONEUM DUE TO BLEEDING FROM A FIBROID WITH RED DEGENERATION DURING PREGNANCY

(A Case Report)

by

T. M. DHARIA,* M.D., D.G.O.

MEENA BHATTACHARYA,** M.S.

and

M. R. NARVEKAR,*** M.D., F.I.C.S.

One of the rarest complication which results from fibroids is intraperitoneal haemorrhage from rupture of a vessel on the surface of these tumours (Purandare, 1970). Considering the high incidence of these tumours and well known potentialities for grossly disturbing the normal anatomy and vascular arrangements of the pelvis, it is rather surprising that such vascular catastrophies have not been more frequently reported. Paucity of reports of this entity prompted us to report this case.

CASE REPORT

Mrs. L.K.M., primigravida, aged 20 years, married for three years, was admitted on the 15th Sept., 1976 at K.E.M. Hospital, Bombay, with the complaint of continuous bleeding for the previous 15 days. There was no history of amenorrhoea, vomiting, giddiness, fever, pain in abdomen or of passing products of conception. The past menstrual history was within normal limits and the last menstrual period was on 1st Aug., 1976.

On general examination, there was mild pallor, pulse rate of 84 per minute and blood pressure was 110/80 mm of mercury. On systemic examination, nothing abnormal was detected.

Abdominal examination revealed a soft mass arising from the pelvis of about 16 weeks in size with nodularity on the surface. On vaginal examination the uterus was found to be anteverted of 16 weeks size, soft with irregular nodularities felt on the surface. The internal and external os were closed and there was bleeding from the cervical canal. In addition to the above uterine mass there was a cystic fullness in the left fornix, suggesting some fluid collection in the left and posterior fornices.

On 19th September, the patient suddenly complained of giddiness and on examination the patient's pallor appeared to have increased. The patient was transfused with two bottles of blood and her haemoglobin was restored to 9.5 gm%.

A diagnostic colpopuncture was carried out keeping in mind the diagnosis of haemoperitoneum which was confirmed.

An exploratory laparotomy was carried out with a provisional diagnosis of either combined intra and extra uterine pregnancy or any other cause of haemoperitoneum with pregnancy. At laparotomy about 800 ml of blood was removed and the uterus was found to be of 16 weeks' size with few subserous fibroid nodules showing red degeneration. Both the tubes and ovaries were absolutely normal. There was a small fibroid (subserous) of about 1" x 1" in size, situated on the posterior uterine wall near the internal os. This also showed changes of red degeneration and it had separated off from the uterine wall more or less completely giving rise to haemoperitoneum. The same fibroid

*Tutor, Dept. of Obst. & Gynec.

**Asst. Prof. of Obst. & Gynec.

***Hon. & Prof. of Obst. & Gynec.

From: Department of Obst. & Gynec. K.E.M. Hospital & Seth G.S.M. College, Parel, Bombay 400 012 INDIA.

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was removed and wound on the uterine wall was sutured achieving complete haemostasis.

Since there was no history of amenorrhoea and uterus was of 16 weeks' size, amniocentesis was tried but no liquor could be obtained. The abdomen was therefore closed and vaginal evacuation of uterus performed which showed products of conception, mainly placental tissue, suggestive of incomplete abortion. Patient was given two bottles of blood.

Her postoperative period was uneventful.

Histopathology

The diagnosis of "Pregnancy with red degenerated fibroid" was confirmed.

Discussion

Fibroids are commonest tumours which women have and there are many complications which can arise as a direct result of these tumours, such as degeneration, torsion, etc. to mention a few. But these are not very common and they are still rare along with pregnancy and as such pregnancy with fibroid is also not very common. Rokitansky in 1861, first reported a case in which he has described the postmortem findings in a girl who died of haemoperitoneum from a rupture of a vein on the surface of a fibroid.

Hasskarl (1949) reviewed the world literature very carefully and he found only 50 "bona fide" cases of this condition.

Greenhill (1947) collected 15 cases of haemoperitoneum with pregnancy where the surface vein over the fibroids had given way.

Purandare (1970) reported a case of pregnancy with fibroid and with haemoperitoneum.

Deopuria (June-1970) re-reviewed the world literature of 64 cases of fibroid with haemoperitoneum.

As mentioned by Greenhill, increased congestion of pelvic organs during pregnancy may be the precipitating factor leading to this complication.

Our case reported is unique in that previous reports have mentioned about bleeding from the surface vein over a fibroid, while in our case there was separation of the subserous fibroid undergoing red degeneration giving rise to haemoperitoneum. Detailed history of the patient was also not very helpful in arriving at the correct diagnosis. Considering the fact that the subserous fibroid was situated on the posterior wall near the internal os, it is quite possible that a vaginal bimanual examination may have contributed to the detachment of the subserous fibroid with resultant haemorrhage.

Only sudden increase in her pallor with a fullness in the fornices made us to explore her with the diagnosis of heamoperitoneum.

The management is surgical, comprising myomectomy, hysterectomy or suturing of a ruptured vessel. The mortality of 2 per cent (1972) compared to 26 per cent (upto 1928) speaks for not the accuracy of diagnosing, but for the improvement in the resuscitative measures.

In our case the remaining small fibroid nodules on the surface of the uterus were all showing changes of red degeneration and marked increase in the vascularity. These were not touched.

Summary

A case of detachment of a subserous fibroid giving rise to haemoperitoneum with pregnancy has been reported.

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