

# A CASE REPORT OF RUPTURED CORPUS LUTEUM CYST

by

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Rupture of corpus luteum cyst is not easy to diagnose and not a very common condition. It represents the characteristic symptomatology of early tubal pregnancy or some other condition of acute abdomen. Naidu (1963) reported a case of massive intraperitoneal haemorrhage from ruptured graffian follicle in a girl suffering from puberty menorrhagia. Saxena in 1968 reported a case of torsion and rupture of corpus luteum cyst. Following is the case report of ruptured corpus luteum cyst of ovary.

## CASE REPORT

Mrs. M. 25 years old was admitted at LTMG Hospital, Sion, for severe pain in abdomen and vomiting. There was no history of amenorrhoea or vaginal bleeding. IUCD insertion was done one year back. No other relevant history was available. There was history of acute appendicitis treated conservatively 7 years back. Her cycles were regular. LMP was 15 days back. She had 2 FTND, last delivery 2 years back.

On examination, general condition was fair, pulse 100 per minute, B.P. 120/80 mm. Hg. Temperature Normal. No pallor. No lymphadenopathy.

On abdominal examination, there was no distension, no lump, tenderness in lower abdomen ++, guarding present, peristalsis +. P.S. Loop thread seen.

On vaginal examination Cervix D and B, ute-

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rus, anteverted and of normal size. Cervical movements were tender, fullness in left fornix with mass which was felt to be 2" x 2" in dimensions. Tenderness in all fornices.

## Investigations

Haemoglobin 9.5 gm%. Blood group AB +ve. Colpopuncture positive.

A tentative diagnosis of ruptured ectopic pregnancy was made and patient was explored. On exploration, 500 cc of blood in peritoneal cavity, and 50 gms. of clots removed. Right tube and right ovary were normal. Uterus was slightly bulky and firm. Left tube normal. Left ovary was enlarged 2" x 2½" and had ruptured, with a posteromedial rent. Salpingo-oophorectomy was done on left side, stump covered by round ligament, sterilization of right tube done by Pomeroy's method as patient was willing for ligation. Plication of round ligament done on right side. Auto-transfusion was given. Removal of loop was done after exploration. Post-operative recovery was smooth. Patient was discharged on 8th day. H.P. Report—C/S show corpus luteum haematoma with one or two follicular cysts.

## Conclusion and Summary

A case of ruptured corpus luteum cyst is presented.

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## References

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