

"HAEMOPERITONEUM DUE TO RUPTURE OF A VEIN ON THE SURFACE OF A UTERINE FIBROMYOMA"

by

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Large thin-walled veins are frequently seen crossing over the surface of the fibroids but their rupture is extremely rare. Deopuria (1970) reviewed the world literature of 64 such cases. In the present communication a similar rare event is described.

CASE REPORT

Mrs. S. B., 40 years, Hindu, was admitted at Surgical ward of Medical College Hospitals, Calcutta, at 2 P.M. on 23-8-81 on the clinical diagnosis of 'acute appendicitis'.

Menstrual cycles were regular and last menses was on 21-8-81. She was P_1+0 . The pregnancy ended in term normal delivery 14 years back.

Present history

She felt sudden severe lower abdominal pain and fainting attack at 2 P.M. on 22-8-81, while she was travelling in a bus. Her husband took her into a nearby medical college hospital where she was diagnosed as a case of 'acute appendicitis'. Thereafter she took admission into a nursing home under the care of a general surgeon. Conservative treatment with intravenous glucose drip, nasogastric suction and antibiotics were instituted. As her condition did not improve she was transferred to the surgical department of Medical College Hospitals, Calcutta,

on 23-8-81 as a case of appendicitis. She had laparotomy at 11 P.M. on the same day.

On examination, General condition—fair, B.P.—106/70 mm of Hg., Temperature—98°F, Pulse—108/mt, Oedema—nil, lungs and heart—N.A.D.

Abdomen was slightly distended and there was muscle guarding in the lower abdomen. Liver and spleen was not palpable but entire lower abdomen was tender. Free fluid could not be elicited and peristaltic sounds were sluggish.

Rectal examination

Rectal examination was painful but no definite lump could be detected.

Investigations within normal limits.

On laparotomy, about 500 ml of free blood was found in the peritoneal cavity. The appendix was found healthy. On search for the source of the bleeding it was found that the bleeding was coming from a ruptured vein situated over the superior surface of a corporeal fibroid (See fig.). The surgeon failed to control the bleeding. Total hysterectomy with conservation of both ovaris was performed. The postoperative period was uneventful and she went home on 19th postoperative day. Follow up examination of 24-11-82 revealed nothing abnormal.

Acknowledgement

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References

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See Fig. on Art Paper III