

# Abdominal wall Haematoma in Pregnancy

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Mrs. M., 30 years old female, G3 P1 L1 A1, previous full term delivery 3 1/2 years ago, was admitted with H/o 8 months amenorrhoea with severe breathlessness in a critical stage. Booked elsewhere, she gave h/o cough for 1 week and no history of trauma. On admission she was in hypotensive shock, gasping for breath and disoriented. Obstetric examination revealed 32 weeks gestation with absent fetal heart. She was not in labour.

Resuscitative measures done with flushing of IV fluids, endotracheal intubation and artificial ventilation, steroids and antibiotics. USG revealed IUD with retroplacental clots. Evaluation of cardiac status showed good LV function. Concealed haemorrhage was thought of, and as a life saving measure LSCS was decided after explaining the risks involved to the relatives. Under GA, abdomen was opened through midline incision. LSCS done, liquor was clear. A fresh dead female baby weighing 2.4 kg. was delivered. Tubes and ovaries were normal.

There was a big bulge into the peritoneal cavity on the left side. On exploration, it was found to be a large abdominal wall haematoma in the plane of Rectus abdominus muscle extending from iliac fossa upto left hypochondrium. Peritoneal cavity and other viscera were normal. Clots

weighing 1 kg were evacuated. Inferior epigastric vessel rupture was suspected. After toileting there was no active bleeding observed. Gentle handling was done and haemostasis secured. Abdomen closed in layers. Patient was on ventilatory support for 4 days subsequently; 15 units of fresh whole blood, 4 units of PRP (Platelet rich plasma) and 4 units of plasma were given. Patient was unstable haemodynamically for first 24 hours and necessary measures were taken.

On 12th postoperative day patient had burst abdomen. Reexploration was done under anaesthesia. It was surprising to see the recollection of organised clots on the same side weighing 1 kg. This time both superior and inferior epigastric vessels were ligated. Mass closure of abdomen done. Patient had wound sepsis and mild gaping which were tackled effectively. Patient recovered well and was discharged in good condition.

In obstetric emergencies haematoma of rectus abdominus is an important differential diagnosis associated with increased foetal mortality. This is due to changes in vascular reactivity and is encountered in absence of trauma. It is more prevalent in multipara in advanced pregnancy.