Corpus Luteum Haemorrhage Presenting as Pseudocyst

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Intraperitoneal haemorrhage from a ruptured corpus luteum is a life threatening surgical condition, occurring in 1:4 ectopic pregnancies and 1:289 births. The case reported here is an extremely unusual presentation of such a condition, not found in literature scans.

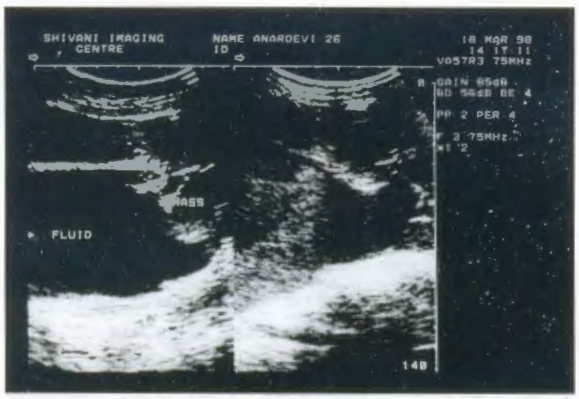

Fig. 1: Abdominal sonographic picture showing huge fluid filled cyst with few internal echoes.

A 26 years old nulliparous female reported as an gynaecological emergency on 20.3.98 with history of severe colicky pain in abdomen for 4 days. Pain used to get aggravated by movements and was associated with vomiting, constipation and distension of abdomen for 3 days. There was no history of fever, fainting attacks or urinary problems. She had history of abdominal hysterectomy done 1 yr back in Bengal for multiple fibroids. On general physical examination the only significant finding was mild to moderate pallor. Abdominal examination revealed a tense cystic, non tender mass with restricted mobility, about 26 weeks pregnant uterus size, arising from pelvis. Clinically there was no evidence of free fluid in the abdomen. Bowel sounds were normal. On speculum examination vaginal vault was healthy and on bimanual pelvic examination the same cystic mass was felt through vault. The laboratory investigations revealed haemoglobin of 8gm/dl and normal biochemistry. On abdominal & pelvic sonography we found a huge pelvic abdominal cystic mass having internal echoes? septae with haemorrhage with absent uterus (Fig. 1) In view of clinical and sonographic findings provisional diagnosis of ovarian cyst with torsion? and internal haemorrhage was made.

Patient was taken up for emergency laparotomy with right paramedian incision. There was a thin walled cyst adherent to anterior parietal peritoneum which got accidentally perforated while opening and about 1000 cc of dark coloured thick blood was drained from the cyst. The cyst wall couldn't be separated from the posterior peritoneum and pelvic structures could not be visualized. Since descending colon was merging with posterior cyst wall, it looked as if cyst was arising from the sigmoid colon. The incision in cyst wall was extended and it became evident that this pseudocyst was formed by fusion of anterior and posterior parietal peritoneum just above the pelvis. Persistent haemorrhage from left ruptured corpus luteum was contained in this pseudocyst. Right ovary was buried in adhesions. Left oophorectomy had to be performed to control the haemorrhage. Abdomen was closed after putting in a drain. Patient received 3 units of blood and had an uneventful postoperative period. Histopathological report confirmed the diagnosis.

This case is being reported to highlight an extremely unusual clinical presentation of ruptured corpus luteum with intraperitoneal bleeding. Fortunately the patient was spared of acute presentation and its fatal consequences because of tamponade effect as the haemorrhage remained confined to a pseudosac formed by previous post surgical adhesions.