Recurrent Ovarian Haemorrhage in a Young Woman

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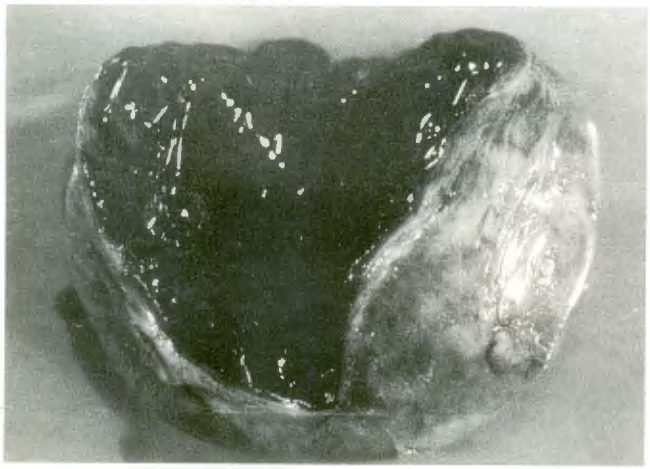
An 18-year old unmarried girl presented in the outpatient department with pain in lower abdomen off and on for last 2 years. Her menstrual cycles were regular. There was no history of any bowel or bladder problem or chronic illness in the past. She gave a history of laparotomy 3 years ago for acute pain in the abdomen. Intraoperatively, she had been found to have approximately 500 ml of blood inside the peritoneal cavity. There was an 8x8 cm size ruptured left ovarian haemorrhagic cyst with blood clots inside the cyst. Uterus, right ovary and bilateral tubes were normal looking. Left ovarian cystectomy was done and her postoperative period had been uneventful.



Legend : Right ovarian cystectomy specimen showing blood clot inside the cyst wall.

On examination, she had mild pallor. There was a midline vertical scar of previous laparotomy. Abdomen was soft. There was no guarding or rigidity. Tenderness was present in the right iliac fossa on deep palpation. Rectal examination revealed 6x6 cms tender cystic mass on the right side. Her haemoglobin was 10gm%. Bleeding time, clotting time and clot retraction time was normal. Platelet count was adequate. At laparotomy, she had a 6x6 cm right haemorrhagic ovarian cyst for which right ovarian cystectomy had to be performed. Histopathology showed haemorrhagic corpus luteum cyst. Coagulation profile done three days after the surgery was within normal limits. She was started on oral contraceptive pills and was discharged on fifth postoperative day.

Excessive physiological haemorrhage inside the corpus luteum leading to life threatening ovarian haemorrhage can occur in patients with platelet disorders, coagulation disorder and in patients on anticoagulants. Recurrent ovarian haemorrhage in a normal woman is a rare occurrence. Most of the time, it is a self-limiting condition. The patient usually presents with acute abdomen. The main differential diagnosis is ectopic pregnancy or twisted ovarian cyst. A high index of suspicion especially in patients with recurrent episodes can clinch the diagnosis and can save surgical intervention in many such cases. Oral contraceptive pills are beneficial in these cases by causing anovulation.