

Fibroid Uterus - Manifesting Sudden Internal Haemorrhage – A Rare Manifestation of Fibroid

S. Jagadeeswari, J. Anuradha

Dept. of Obst. & Gynaecology, Rangaraya Medical College & Government General Hospital, Kakinada

Mrs Somalamma aged 38 years was admitted on 21.01.2000 into the Government General Hospital, Kakinada for investigations and treatment of a tumor in the abdomen. Clinical history revealed that she has been having tumor since 3 years, slow growing and increasing its size since 5 months. She was married 20 years ago. One FTND 10 years back and the child died after 2 months. Her menstrual history was regular, no menstrual irregularity or dysmenorrhoea. L.M.P. 6.1.2000

Physical Examination: Revealed anaemia. Heart and lungs – normal. Vital data normal.

Abdominal palpation revealed a solid tumor 26 weeks size freely mobile without ascites.

Per Vaginal Exam: The solid tumor was arising from the uterus. Clinical diagnosis was fibroid uterus.

All routine investigations were within normal limits.

Ultra Sound: Huge solid tumor, ovaries could not be identified. On 5.2.2000 patient complained of severe pain



Fig. 1: Fibroid with surface vessel showing discontinuity.

in abdomen with symptoms of shock. On examination patient was pale with B.P. 90/60 mm of Hg. Pulse 130/min. Distension of abdomen with extreme degree of tenderness. Paracentesis of abdomen revealed hemoperitonium. Clinical diagnosis of hemoperitonium was made and emergency laparotomy was performed under general anaesthesia.

On opening the peritoneal cavity, plenty of blood removed. Uterus was enlarged to 26 weeks size, with a large fibroid. A large vessel on the anterior surface was found to have ruptured and both cut edges were bleeding heavily. (Fig 1)

Total abdominal hysterectomy was done since the patient was not keen on conception. (Fig. 2)

Two units of blood transfusion were given. Patient made an uneventful recovery.

The case is reported for its extreme rarity of a fibroid requiring emergency laparotomy for internal haemorrhage due to rupture of surface vessel.

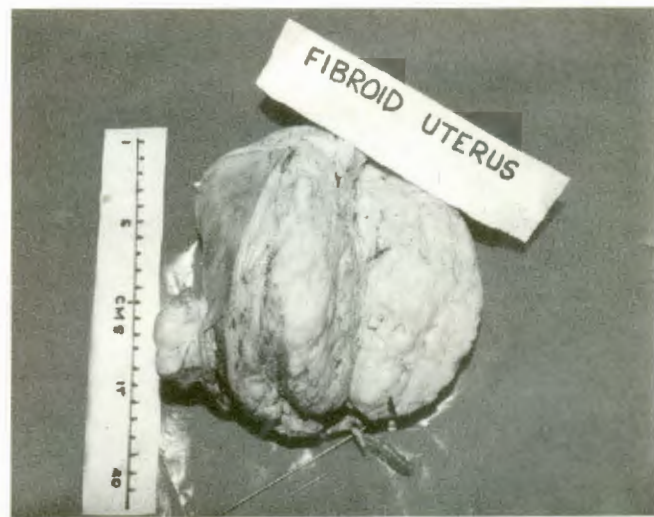


Fig. 2: Section of the tumour.