

## Unusual Case of Liver Tears in a Case of PIH – A Case Report

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Presence of tears in the liver giving rise to haemoperitoneum is very uncommon. This case is being presented for its rare occurrence.

Mrs. ABC, 30 yr old, G2P1AOL1 with 38 weeks amenorrhoea with a previous LSCS came to BYL Nair Ch Hospital on 25/9/99 with backache. No H/O leaking or bleeding PV. On admission her general condition was fair. Pulse 84/min, BP 150/90mmHg, Urine Albumin ++. Pedal edema present. No pallor. Per Abdomen: Pfannenstiel scar present. Uterus 36 wks, relaxed, Cephalic presentation, presenting part floating. FHR 140 bpm, regular. No scar tenderness. Per vaginum os was closed. No show present. Hb was 12 gm%, B1 Gr A Positive, VDRL negative.

She had undergone a LSCS for Placenta Praevia 2 yrs back. That child was male, alive and well. She also had H/O peritoneoscopy done in 1992, was diagnosed as abdominal Kochs and had taken AKT for 9 months.

A few hours later, patient went into labor. Her pulse became 106/min. An intra-partum monitoring showed persistent fetal tachycardia (180 bpm). A decision was taken to perform an Em LSCS. On opening the abdomen with Pfannenstiel incision around 400cc of blood was present in the peritoneal cavity. A suspicion

of ruptured uterus arose. However, after suction of the blood, the scar on the uterus was intact. No broad ligament haematoma present. Both tubes and ovaries were normal. No cause of haemoperitoneum could be visualized. LSCS was performed. Male 3 kg baby delivered and cried immediately.

A surgical reference was made to explore the abdomen. The surgeon opened the abdomen with a supraumbilical midline vertical incision. Bowels and mesentery appeared normal. The liver was enlarged extending from right to left side of abdomen. Spleen could not be visualized. The liver appeared abnormal (blackish, like a huge haematoma). Two sites of bleeding were found on the liver, both on the left lobe; one at the anterior border and the other on the undersurface. Both these sites showed liver tears about a cm long. They were sutured with 1-0 chromic catgut over gelfoam. Two tube drains were left inside, one in the Morrison's pouch and the other in the left paracolic gutter. The abdomen was closed in layers. Post operative period was uneventful.

DIC profile and LFT were deranged (SCOT 255, SGPT 189). The patient went home on 12<sup>th</sup> post op day. She was followed up a month later. Her BP was normal and LFT was within normal limits (SCOT 12, SGPT 16).