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: Recurrent spontaneous hemoperitoneum in endometriosis: Management and Challenges during the COVID-19 pandemic

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Introduction:

Spontaneous hemoperitoneum in endometriosis is rare. We present here the case of a nulliparous woman, who presented with recurrent spontaneous hemoperitoneum, and discuss the management and challenges faced during the COVID-19 pandemic

Case:

A 28 year old **nulliparous** woman was referred with abdominal distension and pain. Her last menstrual period was 20 days back. She had been evaluated earlier for primary subfertility. Diagnostic hystero-laparoscopy had been performed in 2015, where frozen pelvis was documented. Subsequently, she underwent 2 emergency laparoscopic procedures for hemoperitoneum, and histopathology of the right ovarian cystectomy specimen revealed ruptured corpus luteum. She had received a course of empirical antitubercular therapy. Paracentesis had been performed 5 times previously.

Result:

Upon presentation, her vitals were stable and pallor was present. There was mild abdominal distension. Ultrasonography revealed **significant haemoperitoneum**, and **MRI confirmed endometriosis**. Her hemoglobin was **6.8g%**, urine pregnancy test was negative and **coagulation profile was normal**. She received 1 unit of packed cell transfusion. In view of COVID-19 pandemic and stoppage of elective laparoscopic surgeries, **imaging guided pig tail catheter insertion and drainage was performed. Around 3.7 litres of haemorrhagic fluid was drained.** Tubercular and bleeding disorder workup was negative. She was started on **continuous OCPs** and at 2 months follow up, she was asymptomatic with minimal ascites

Discussion:

MRI has greater specificity in the diagnosis of endometriosis. Hemoperitoneum predisposes to deep infiltrating endometriosis. **During the COVID-19 pandemic** with stoppage of elective laparoscopic surgeries, alternative methods of management have to be adopted

Primary authors: Dr PATI, Aditya; Dr SINGH, Sweta (AIIMS Bhubaneswar)

Co-authors: MOHAKUD, sudipta; PANIGRAHI, Manas Kumar; PANIGRAHI, Asutosh

Presenter: Dr PATI, Aditya

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