

Title- Broad Ligament Hematoma Following Normal Vaginal Delivery- Case report

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Introduction

Broad ligament hematoma is an unusual complication that can occur during delivery. Trauma (including fundal pressure) is believed to be the major causal factor of immediate hematoma. Broad ligament hematoma occur when the cervical, vaginal laceration and uterine rupture extension involving uterine and vaginal arteries.

Case report

We report a case of a 22-year-old G2 P1L1 woman who underwent a spontaneous vaginal delivery at 40 weeks with compound presentation (hand with head) in PHC. She received tablet misoprost, injection oxytocin and fundal pressure during labour. She delivered female child still birth 3 kg had post partum haemorrhage managed with fluids and oxytocic's and referred. She came to us with hemodynamic instability and abdominal pain . Her hemoglobin was 4 gm% , fluid resuscitation and blood products started.

A ultrasound evaluation revealed a large heterogeneously hyperechoic lesion noted anterior at lower segment and large hypoechoic lesion in left adenexa measuring 9.76x3.25x8.9 cm. Fig 1,2



Fig 1



Fig 2

Plan for exploratory laparotomy done after receiving blood products. Intraoperatively after opening peritoneum gross hematoma seen involving lower uterine segment (rent) with intact serosa with extension of hematoma towards left involving broad ligament. Bilateral internal iliac artery done followed by hysterectomy .Fig 3,4

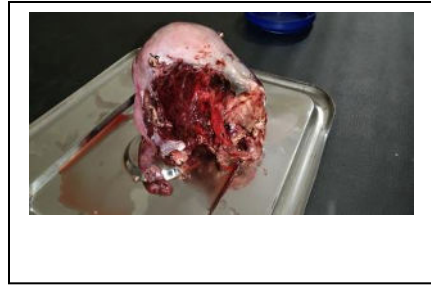
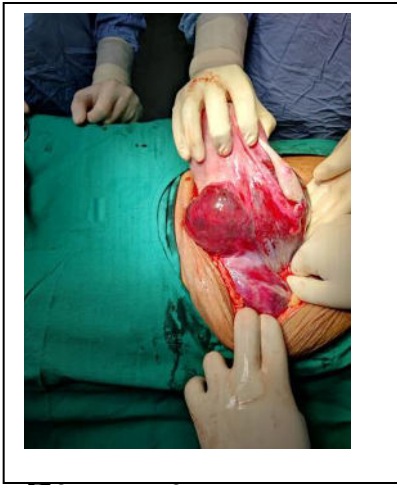


Fig 3,4

Discussion

Broad ligament hematoma has incidence is 1:20,000. It can be life threatening, if the obstetricians are not aware of it. It can be silent and not causing obvious vaginal bleeding.

Most patients present with persistent postpartum pelvic pain, back pain, fullness or pressure in the recto-anal area, or an urge to push within the first few hour after delivery. Women usually complain of headaches, dizziness and eventually may become hypotensive, with a sudden drop in haematocrit value. [1]

A high level of suspicion is warranted. Ultrasound imaging can confirm the diagnosis. MRI scan should be used to evaluate. [2]

Broad ligament hematoma can be treated either conservatively with close observation or surgical. Hysterectomy [3], internal iliac artery ligation or angiographic embolization have been proposed as per clinical presentation.

References

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3. Maxwell C, Gawler D, Green J (1997) An unusual case of acute postpartum broad ligament haematoma. Australia NZ J Obstetrics &Gynecology 37: 239-41.