Retroperitoneal Hematoma in a Postpartum Lady – A Case Report

Farhawa Binti Zamri, Wong Lee Leong, Wong Xin Sheng, Abi Ling Ung Ping

Department of Obstetrics and Gynaecology, Hospital Bintulu

ABSTRACT

Introduction: Retroperitoneal hematoma, an acute abdomen that need prompt recognition to prevent maternal morbidity and mortality. It may lead to significant bleeds resulting into hypovolaemic shock and maternal collapse. It is easily missed due to rare incidence during pregnancy/postpartum period. Therefore, high clinical suspicion with involvement of multidisciplinary team are essential to achieve desired outcome to maternal wellbeing. **Methods:** We describe a case of Madam A, a 20-year old primigravida with underlying small ventricular septal defect, followed up under combined clinic. She was admitted for preterm labour with underlying urinary tract infection, she was treated with intravenous antibiotic. Her labour progressed and had an uncomplicated vaginal delivery. On day 2 post-natal, she developed left hypochondrial pain and nausea. On following day, she had high grade fever, diarrhoea and left loin pain. On examination, left positive renal punch was demonstrable and there was unexplained drop of haemoglobin level from 10.5 to 7.3 g/dL. FAST scan noted small left pleural effusion 2.3 cm depth with large collection in left peri-nephric region. An urgent computerized tomography imaging revealed large renal pelvis hematoma and left pelvic-ureteric junction obstruction. She was transferred care to urology team in Sarawak General Hospital and a left laparoscopic pyeloplasty was done. **Conclusion:** Diagnosis of a retroperitoneal hematoma requires good clinical skills and multidisciplinary approach. It is a rare complication in obstetrics. High index of suspicion and awareness among obstetricians is important to minimize obstetric morbidity/mortality.

KEY WORDS:

Retroperitoneal, renal pelvis hematoma, postpartum

Abnormal Placentation – Placenta Increta over Upper Segment

Wong Lee Leong, Wong Xin Sheng, Farhawa Binti Zamri, Abi Ling Ung Ping

Department of Obstetrics and Gynaecology, Hospital Bintulu

ABSTRACT

Introduction: Placenta increta occurs when chorionic villi penetrates through the decidua basalis into the myometrium. It is associated with massive PPH and maternal mortality if it was missed during the antenatal. Diagnosis is confirmed with hysterectomy histopathology examination. We report a case of focal placenta increta at the left cornua of uterus during an emergency caesarean section for fetal bradycardia. **Case Presentation:** A 36 years old gravida 3 para 1+ 1A at 33+5 weeks of gestation electively admitted for asymmetrical fetal growth restriction with oligohydramnios and abnormal Doppler. She was planned for delivery after completion of antenatal corticosteroids. She had history of ERPOC in 2014 and a lower segment Caesarean Section in 2015 for maternal request. During her stay in ward, she was monitored with daily fetal cardiotocography. She had an episode of unprovoked fetal bradycardia and underwent Category 1 Caesarean Section. After delivery of baby, it was difficult to remove placenta and there was suspicious of succenturiate lobe of placenta accreta. Uterus exteriorized and a diagnosis of placenta increta over left cornua of uterus was made. A subtotal hysterectomy was performed. She made an uneventful recovery and was discharged day 3 after operation. Histopathology examination confirmed placenta increta, with trophoblastic invasion into the myometrium. **Conclusion:** This case demonstrates the importance uterine surgery in association with morbidly adherent placenta and should always raise suspicion when there is difficulty for placenta delivery.

KEY WORDS:

Placenta increta, ERPOC