

Rectus sheath hematoma post-caesarean section in patient receiving anticoagulant: A case report

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ABSTRACT

Introduction: Rectus sheath hematoma (RSH) is a potentially life-threatening bleeding complication caused by the rupture of epigastric arteries or the rectus muscle itself within the rectus sheath. It is a relatively rare clinical condition with less than 2% of patients presenting with acute abdomen. Imaging can help to diagnose the condition, differentiating an RSH and other intrabdominal pathologies. **Case Description:** We present a case of a 27-year-old primigravida diagnosed to have right lower limb deep vein thrombosis at 35 weeks of gestation and started on subcutaneous enoxaparin. She delivered at 36 weeks via emergency lower segment caesarean section due to fetal distress in the second stage. She was resumed back on subcutaneous enoxaparin and later bridging with warfarin on day 3 post-op. Unfortunately, she was admitted again to the hospital on the day of warfarin commencement with severe lower abdominal pain and distension. Ultrasound abdomen showed an extensive heterogeneous mass 24 x 4 x 4 cm anterior to the uterus suggestive of a rectus sheath hematoma. The patient underwent exploratory laparotomy in view of persistent intolerable pain, increasing abdominal distension with persistent tachycardia. Intra-operatively blood clots of 1.4 L were evacuated and the patient was transfused. **Discussion:** Physicians must be aware of the potential risk of RSH induced by enoxaparin and furthermore early bridging with warfarin in post-operative patients. Starting and bridging of anticoagulants must be discussed among managing teams as each discipline follows different guidelines. Early diagnosis and management of RSH is the key, especially in a clinically worsening patient.

Pregnancy after High Intensity Focussed Ultrasound (HIFU) in patients who had previously failed IVF: A case series

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ABSTRACT

Introduction: Adenomyosis is associated with infertility but how adenomyosis causes infertility is not fully understood. HIFU has been used to treat adenomyosis, and pregnancies after HIFU have been reported. This is the first case series showing frozen embryo transfer (FET) pregnancies after HIFU in patients who had previously failed IVF. **Case Descriptions:** Five adenomyosis patients who had failed IVF, underwent HIFU. All received Gonadotrophin releasing hormone (GnRH) analogue depot injection immediately after the HIFU. 3 months later another MRI, 3-D ultrasound, and CA 125 were performed. Frozen embryo transfer was then done and all conceived. 1 patient has already delivered and the other 4 pregnancies are ongoing. **Discussion:** Adenomyosis patients planning for IVF should have their embryos frozen. Then, HIFU should be done followed by GnRH analogue injection. When the CA 125 done is normal, they should have their embryo transfer.