

Acute Hemoperitoneum as a complication of large fibroid in post-menopausal woman.

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1. INTRODUCTION:

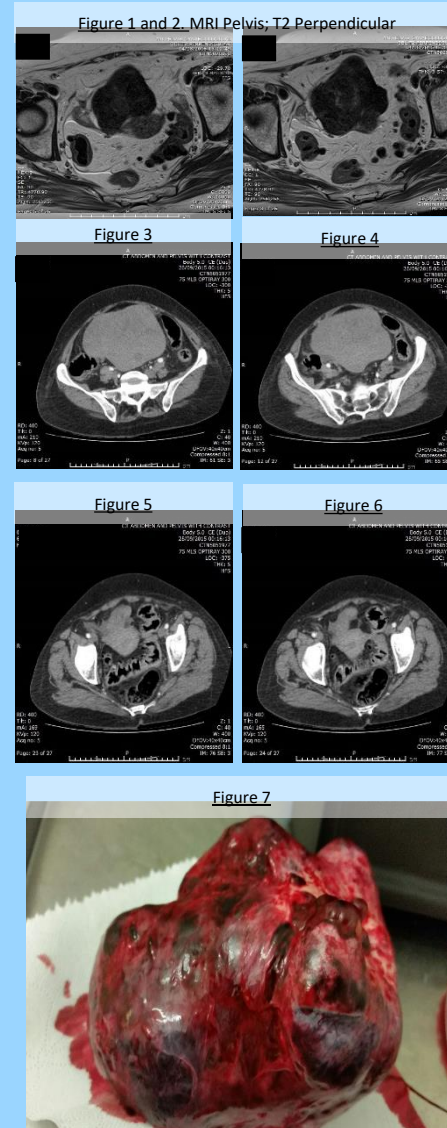
- Fibroids are the most common benign solid tumours of the female genital tract and can be found in up to 25 to 30 % of females. They can go undetected unless associated with symptoms such as menorrhagia, metrorrhagia, infertility, abortion, pain or pressure symptoms.
- Known to be oestrogen dependant they tend to regress after menopause. Management in post-menopausal women is traditionally conservative unless symptomatic or suspicious of sarcomatous changes.
- Following is a case of hemoperitoneum and spontaneous intra leiomyoma haemorrhage in a postmenopausal woman.
- Fewer than 100 cases have been reported in literature so far.(1,2,5,6).

2. CASE:

- A 69-year-old lady presented to A&E with abdominal pain. She was known to have a large pedunculated fibroid (12x10x8cm) (Fig 1&2) with a plan for conservative management and follow up in Gynaecology clinic.
- After ruling out surgical causes of abdominal pain, patient was admitted for pain management with suspected diagnosis of Fibroid degeneration. Her haemoglobin (Hb) at admission was 10.5 g/dl. She had a history of cardiac bypass surgery and was due for a repeat cardiac surgery (due to a block in the bypass).
- Next day, her abdominal pain started getting worse and was associated with coexistent chest pain. She was tachycardic and looked unwell, so bloods were repeated along with troponin 1&2. Her Hb came back as 5.7 g/dl, which was a significant drop from her baseline. An urgent CT scan abdomen/pelvis was arranged.

3. CT SCAN WITH CONTRAST FINDINGS: (Fig 3-6):

Large solid mass (15.5x12x11cm) to the right of the anteverted uterus is seen presumably representing a large subserosal leiomyoma. On the portal phase scan, there is impression of subtle high attenuation changes adjacent to the inferior/ right lateral aspect of this mass. Significant amount of free fluid to the right side of the abdomen and pelvis is seen. There is high suspicion of an active haemorrhage to the inferior and right lateral aspect of the large right adnexa mass, possibly subserosal leiomyoma.



4. MANAGEMENT:

- Due to a significant drop in Hb and her CT scan findings, an urgent exploratory laparotomy was done. Surgery confirmed hemoperitoneum and a large fibroid that was soft, haemorrhagic and looked necrotic along with congested and infarcted ipsilateral tubes and ovaries. (Fig 7).
- Pedunculated fibroid was removed along with ipsilateral fallopian tube and ovary. Peritoneal wash and suction was done to evacuate hemoperitoneum. Due to an angina attack, patient had to be shifted to intensive care unit.
- Total hysterectomy was not done to minimise the operative timing in an unstable patient. She was transfused 4 units of blood and improved after her laparotomy and discharged in good condition.

5. HISTOPATHOLOGY FINDINGS:

Sections of fallopian tube, ovary and haemorrhagic mass show marked congestion, haemorrhage and infarction. There is some viable tissue present showing a bland spindle cell morphology in keeping with the benign leiomyoma. There is no evidence of malignancy.

6. DISCUSSION:

- This is a rare but possibly fatal complication of large fibroids.
- The bleeding is likely to occur from torn enlarged veins coursing over the surface of subserous leiomyomas, resulting in hemoperitoneum and hypovolemic shock (5).
- Although MRI is the investigation of choice for fibroids, it is difficult in an unstable patient in emergency settings.

7. CONCLUSION:

- This case highlights that one of the rare complications of large fibroids ,in postmenopausal women, can be life threatening hemoperitoneum.
- In acute emergency settings, one shouldn't hesitate in requesting CT scan.
- Timely surgical intervention is important.

References

- Danikas D1, Theodorou SJ, Kotrotsios J, Sills C, Cordero PE. Hemoperitoneum from spontaneous bleeding of a uterine leiomyoma: a case report. Am. Surg. 1999 Dec; 65(12): 1180-1.
- Sultan R, Alharbi. Uterine leiomyoma with spontaneous intraleiomyoma hemorrhage, perforation, and hemoperitoneum in postmenopausal woman. Computed tomography diagnosis. Avicenna J Med. 2013 Jul-Sep; 3(3): 81-83.
- Sue W, Scott-Barrett S. Radiological appearances of uterine fibroids. Indian J Radiol Imaging. 2009; 19:222-31.
- Murase E, Siegelman ES, Outwater EK, Perez-Jaffe LA, Tureck RV. Uterine Leiomyomas: Histopathologic Features, MR Imaging Findings, Differential Diagnosis and Treatment. Radiographics. 1999; 19:1179-97
- Manopunya M, Tongprasert F, Sukpan K, Tongsong T. Intra-leiomyoma massive hemorrhage after delivery. J Obstet Gynaecol Res. 2013; 39:355-8.
- Dr Bharati Singhal , Dr Supreeti Kohli , Dr Anu Singhal , Dr Lokesh Singh . Uterine Leiomyoma presenting as acute emergency . Indian Journal of Basic and Applied Medical Research; December 2014; Vol.-4, Issue- 1, P. 380-383