AICOG 2025
Mumbai
67th All India Congress of Obstetrics & Gynaecology
FOGSI celebrates 75 years - Diamond Jubliee
8-12 January, 2025 | JIO World Convention Centre

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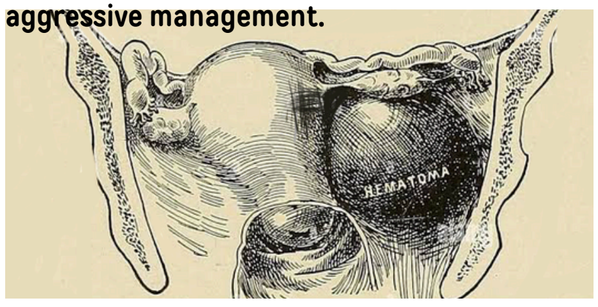
Title: BROAD LIGAMENT HEMATOMA FOLLOWING CAESAREAN SECTION: A MANAGEMENT CHALLENGE.

BACKGROUND AND PURPOSE

Broad ligament hematoma is one of the most serious obstetrics emergencies faced in the labour room with variable incidence of 1:500-1:20000. The broad ligaments consist of anterior and posterior leaflets of peritoneum which cover the lateral uterine corpus and upper cervix and extend from the lateral walls of the uterus to the pelvic sidewalls. Trauma to or extension of the hysterotomy at the time of cesarean can lead to broad ligament hematomas. Hematomas may also accompany tubal ligation. When broad hematomas enter the retroperitoneal spaces, large volumes of blood loss can occur.
There are different management approaches depending on the size and location of the hematoma. Here we have discussed a case of broad ligament hematoma referred from peripheral hospital with gross hemoperitoneum and alarmingly expanding hematoma, that required radical and aggressive management.



Case Description

COURSE

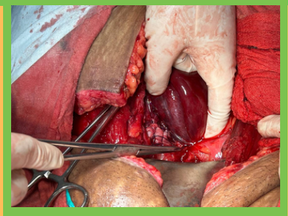
29 years old, P2L2 (prev 2 LSCS) was referred from Naigaon Maternity Home in view of expanding left broad ligament hematoma post caesarean section.

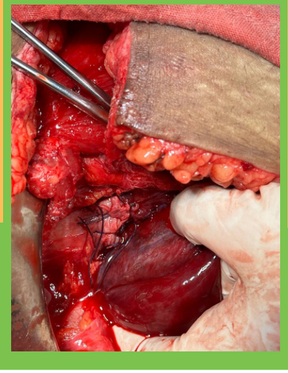
Intraoperatively (at Naigaon Maternity Home) uterine extension was noted with etiology of 3*4 cms hematoma on the left side that increased to a size of 7*7 cms.

Rectus muscle and skin was closed temporarily and patient was referred to KEM Hospital

MANAGEMENT

Emergency exploratory laparotomy was done with evacuation of left broad ligament hematoma (size 17*15*15 cms) followed by obstetric hysterectomy. 4 pints PCV and 8 pints FFP was transfused to the patient intraoperatively and post-operatively. Patient was kept under observation in intensive care unit. Post stabilisation patient was shifted to ward and monitored. Patient responded to therapy and was discharged.





INTRA- OPERATIVE FINDINGS

Hemoperitoneum noted, uterine suture line visualised, no active bleeding through suture line. Evidence of broad ligament hematoma 17*15*15 cms with deviation of uterus to right side noted.
Initially conservative management was tried by devascularisation. Evacuation of broad ligament hematoma followed by obstetric hysterectomy was done to manage the case.

CONCLUSION

The management of broad ligament hematoma depends on the size of the hematoma and patient's hemodynamic status. Key steps in treating broad ligament hematomas are resuscitation, volume replacement and surgical exploration. The report emphasizes the need for optimum vigilance during operative procedures, timely diagnosis, prompt intervention, multidisciplinary collaboration and vigilant post operative monitoring to ensure optimal recovery of the patient to prevent and minimise complications in cases of broad ligament hematoma. As the number of caesarean sections have increased so have the number of complications associated with it. It has become really important to understand these complications and learn to manage at all levels of healthcare system.

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