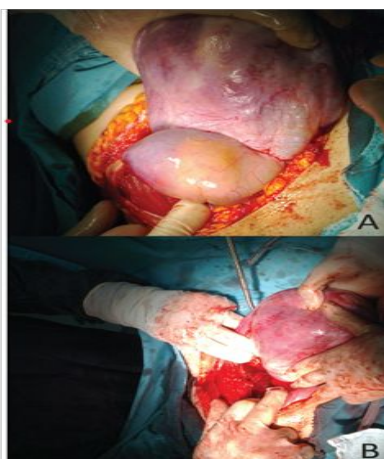
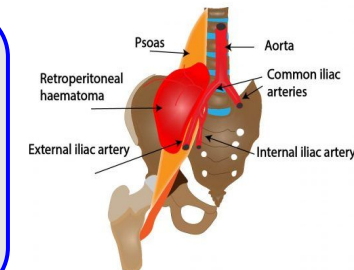


Title: OBSTETRICIAN'S NIGHTMARE POST NVD



Introduction & Objective: To share a rare case of retroperitoneal hematoma after NVD, discuss the challenges in diagnosing and managing such hematomas, and encourage every obstetrician to be familiar with the method of internal iliac artery ligation as a most promising treatment modality in such critical cases.

Hematomas are amongst the most feared complications of delivery. The insidious nature of hematomas may delay the diagnosis and may cause severe hemorrhagic shock and even death. Lacerations of the uterine artery or vessels of the broad ligament can cause retroperitoneal puerperal hematoma, which is very rare in obstetrical practice.



Case Operation Procedure:

- 32 yrs old/P2L2/3.1kg/vacuum assisted vaginal birth/deep cervical laceration w/ 2nd degree perineal tear
- Patient ref i/v/o Hypotension (90/50 mm hg) with concomitant tachycardia
- O/I- Visible mass on the Rt side of the Abdomen & the Uterus could not be palpated due to pain
- O/E - No obvious Bleeding from Vag/Ecchymosis/Haematoma in vulva. Huge Para Vaginal Hematoma with No connection with Episiotomy .
- Immediate Laparotomy was performed

Discussion & Conclusion: In this rare retroperitoneal hematoma case, a possible explanation for the origin of bleeding could be the extension of a cervical tear, which caused the laceration of the descending branches of the right uterine artery. This may have led to the paravaginal hematoma, which extended through the paravesical space, and finally caused the hematoma in the paravesical space and between the layers of broad ligament. The contiguity of the paravaginal space as well as the paravesical, parametrial, and pararectal spaces may have facilitated the spread of the blood (or exudate) from one compartment to another. The hematoma was evacuated & search for the source of bleeding was not fruitful, but luckily it did not necessitate the need for ligation of Internal Iliac Arteries.

