Hemoperitoneum From Spontaneous Bleeding of a Uterine Subserous Leiomyoma: A Case Report

Uterin Subseröz myomun Spontan Kanamasına Bağlı Hemoperitoneum: Olgu Sunumu

Akut Myom Kanaması / Acute Bleeding of Myoma

Hacer Uyanikoglu, Adnan Incebiyik, Engin Ozturk
Department of Obstetrics and Gynecology, Harran University, Medical Faculty, Şanlıurfa, Türkiye

Özet

32 yaşında virgo hasta yaygın karın ağrısı ve baygınlık hissi ile acil kliniğimize başvurdu. Yapılan muayenesinde tüm batında yaygın defansı ve rebound bulgusu ve suprapubik yaklaşık 10 cm'lik ele gelen kitlesi mevcuttu. Ultrasonografik tetkikinde orta hatta yerleşimli heterojen görünümlü kitle imajı ve barsak ansları arasında yaygın mayi ve koagulum izlendi. Sağ over izlenmiş olup sol over net izlenemedi. Akut batın içi kanama nedeniyle laparatomi yapılan hastada fundal subseröz myom üzerinde kanayan bir damar görüldü. Eksplorasyonda başka bir patolojik bulguya rastlanmadı. Bu olgu, virgo bir hastada uterin subseröz myomun travma öyküsü olmadan akut batın oluşturacak şekilde kanaması nedeniyle önemli bulundu.

Anahtar Kelimeler

Myom; Spontan Kanama; Ruptür

Abstract

Summary

A 32 year-old woman was admitted to our emergency department with severe abdominal pain and feeling faint . Involuntary guarding and 10 cm suprapubic mass was detected at the examination. Ultrasonography revealed a mass image which heterogenous and midline positional, and massive fluid, clots between loops of bowel. The right ovary was observed but left ovary was not. A bleeding vessel on fundal leiomyoma's anterior surface was seen during operation. There was no pathological finding additionally. This case was important because reported that a 10 cm subserous leiomyoma causes bleeding intraabdominally in a virgo woman without trauma history.

Keywords

Leiomyoma; Spontaneous Bleeding; Rupture

DOI: 10.4328/JCAM.3402 Received: 30.03.2015 Accepted: 16.04.2015 Printed: 01.08.2014 J Clin Anal Med 2014;5(suppl 4): 550-1
Corresponding Author: Hacer Uyanıkoğlu, Department of Obstetrics and Gynecology, Harran University, Medical Faculty, Şanlıurfa, Türkiye.
GSM: +905355740425 E-Mail: huoglu@hotmail.com

Introduction

Uterine leiomyomas are very common tumors found in women. Leiomyomas are usually asymptomatic. Spontaneous bleeding of a uterine leiomyoma is an unusual source of hemoperitoneum [1]. The cause seems to be spontaneous rupture of a leiomyoma vessel or is secondary to abdominal trauma [2].

In this case, patient is a virgo and had a unknown subserosal leiomyoma. We explored a superficial vein that actively bleeding without trauma history.

Spontaneous rupture of a superficial vein is extremely rare. This is a case report of such.

Case Report

A 32 year-old woman was admitted to our emergency department with severe abdominal pain and feeling faint. She did not know a previously leiomyoma. She did not describe any trauma history and she has never had any surgeries and medical abnormality.

Her physical exam was significant only for diffuse lower abdominal pain, involuntary guarding and 10 cm suprapubic mass. Ultrasonography revealed a mass image which heterogenous and midline positional, and massive free pelvic fluid, clots between loops of bowel . The right ovary was observed but left ovary was not identified.

The patient became hemodynamically unstable. The initial Hb was 8.2 g/dL; Hct % 24.5; Wbc 16.000; PLT 213.000; BHCG 0.01; blood pressure 90/75 mmHg; pulse 105/min.

Acute hemoperitoneum due to ovarian torsion or ovarian cyst rupture was considered and emergency laparotomy was performed. There was 10 cm pedunculated subserous fundal leiomyoma A bleeding vessel on anterior surface of fundal leiomyoma was seen during operation (figure 1). There was no



Figure 1. Actively bleeding superficial vessel of myoma

pathological finding additionally. Myomectomy was performed and hemostasis obtained via ligation of vessels. Approximately 2 liter of hemoperitoneum was encountered. The drain placed intraabdominally.

Postop Hb was 7.5; Hct % 22.6; Wbc 11.800; Plt 182.000. So, the patient received 2U of packed red blood cells. There were no complications postoperatively. She was discharged on postoperative day 3.

Discussion

Uterine leiomyomas are common tumors in women, and most of their complications are well known. Some of these complications include menorrhagia, metrorrhagia, and pain secondary to degeneration [3]. Rupture of a uterine leiomyoma is an unusual source of severe hemoperitoneum. The cause seems to be spontaneous rupture of a leiomyoma vessel or is secondary to abdominal trauma or pregnancy [2,4].

Diagnosis is aided and confirmed by abdominal imaging modalities: ultrasound, computed axial tomography scan, and magnetic resonance imaging. Magnetic resonance imaging is highly accurate in evaluating leiomyoma size, number, location, and presence or extent of degeneration and hemoperitoneum, but it requires a stable patient [3].

Our patient was unstable, so we didn't consider MR imaging.

Spontaneous bleeding of myomas are unusual, so; they can mimic other causes of hemoperitoneum. In the literature, internal bleeding from a ruptured serosal vein covering the myoma surface was mimicking upper gastrointestinal bleeding [5].

In our case, patient is a virgo and had a unknown subserosal leiomyoma. The myoma was mimicking left ovarian cyst rupture. We explored a superficial vein on anterior surface of myoma that actively bleeding during operation.

Spontaneous hemoperitoneum is a rare but serious complication of myomas. Rupture of a subserosal vein overlying a uterine leiomyoma may cause sudden and unexpected death [6].

Because surgical management is needed in an emergency, physicians should be aware of this

rare but severe complication in patients with known or unknown uterine leiomyomas.

Competing interests

The authors declare that they have no competing interests.

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How to cite this article:
Uyanikoglu H, Incebiyik A, Ozturk E, Yalınkılınc Y. Hemoperitoneum From Spontaneous Bleeding of a Uterine Subserous Leiomyoma: A Case Report. J Clin Anal Med 2014;5(suppl 4): 550-1.