



Abdominal pain in pregnancy

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Received: Feb 10, 2020

Accepted: Mar 15, 2020

Published Online: Mar 19, 2020

Journal: Journal of Clinical Images

Publisher: MedDocs Publishers LLC

Online edition: <http://meddocsonline.org/>

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Clinical image description

This study reports the case of a 32-year-old white woman (IV gravida/III para) diagnosed with the rectus sheath hematoma during caesarean section (C-section). Before being referred to the antenatal ward, she was initially admitted to the medical ward at the gestational age of 33 + 0 weeks with pulmonary embolism and was treated with the anticoagulant tinzaparin. She was then referred to the antenatal ward at 33 + 3 weeks with severe right-sided abdominal pain for ruling out the pregnancy-related complications which could cause the pain. The course of pregnancy up to this point was normal. The patient had no history of trauma and previous surgical interventions. She was hemodynamically stable with normal vital signs, including 100/60 mm Hg blood pressure, 15 breathes per minutes, 95 beats per minute, and 37°C temperature. Except moderate maternal obesity which caused slight moving difficulty, the results of physi-

cal examinations appeared normal. The first Cardiotocography (CTG) monitoring for 30 minutes showed a reassuring future. Fetal ultrasound revealed a normal progression of pregnancy with a regular fetal growth, a normal fetal Doppler assessment, and the placenta located anteriorly. However, a 14.2 × 8.24 cm, oval, well-demarcated, and heterogeneous mass on the upper right quadrant appeared to be attached to the fundal part of her uterus was identified (Figure 1). Its heterogeneous texture led to the suspected diagnosis of a retro-placental hematoma. As a likely differential diagnosis, we considered this structure to be uterine fibroids. Therefore, a continuous CTG monitoring was decided. Following a crash call due to a pathological trace, the patient was immediately transferred to the theatre for emergency caesarean delivery. During the C- section, it appeared that there was no evidence of abruption. Further intra-



abdominal cavity assessment indicated that the mass identified during ultrasound examination was a rectus sheath hematoma. A post-operative Magnetic Resonance Imaging (MRI) confirmed the diagnosis of the Rectus Sheath Hematoma (RSH) (Figures 2A & B). Though, so far only a few RSH cases during pregnancy have been reported [1], they could potentially endanger mother and her fetus. Because of anatomical conditions, the hematoma may contain high amounts of blood, which leads to hypovolemia and hemorrhagic shock and possible maternal and fetal mortality [2].

References

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Figure 1: Ultrasound image of the heterogenous structure identified prior to the C-section.

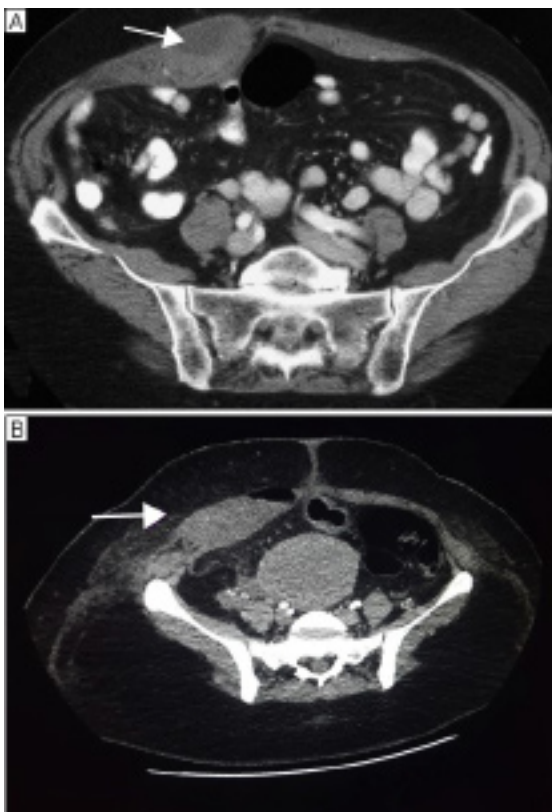


Figure 2: Post-operative magnetic resonance imaging scans of the rectus sheath hematoma (white arrows) in the studied case. A) Day 1 scan; B) Follow-up scan.