

Spontaneous Retroperitoneal Hematoma from a Gonadal Artery Aneurysm Following a Successful Vaginal Birth After Cesarean Section

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INTRODUCTION

Retroperitoneal hematoma is a rare but potentially life-threatening complication following childbirth. We present a case of a 38-year-old gravida 7 para 4, with no prior prenatal care, who experienced a retroperitoneal hematoma after a successful vaginal birth after cesarean section (VBAC). The incidence of retroperitoneal hematoma after VBAC is uncommon accounting for 0.5-1.3% of vaginal deliveries but warrants consideration in postpartum complications.

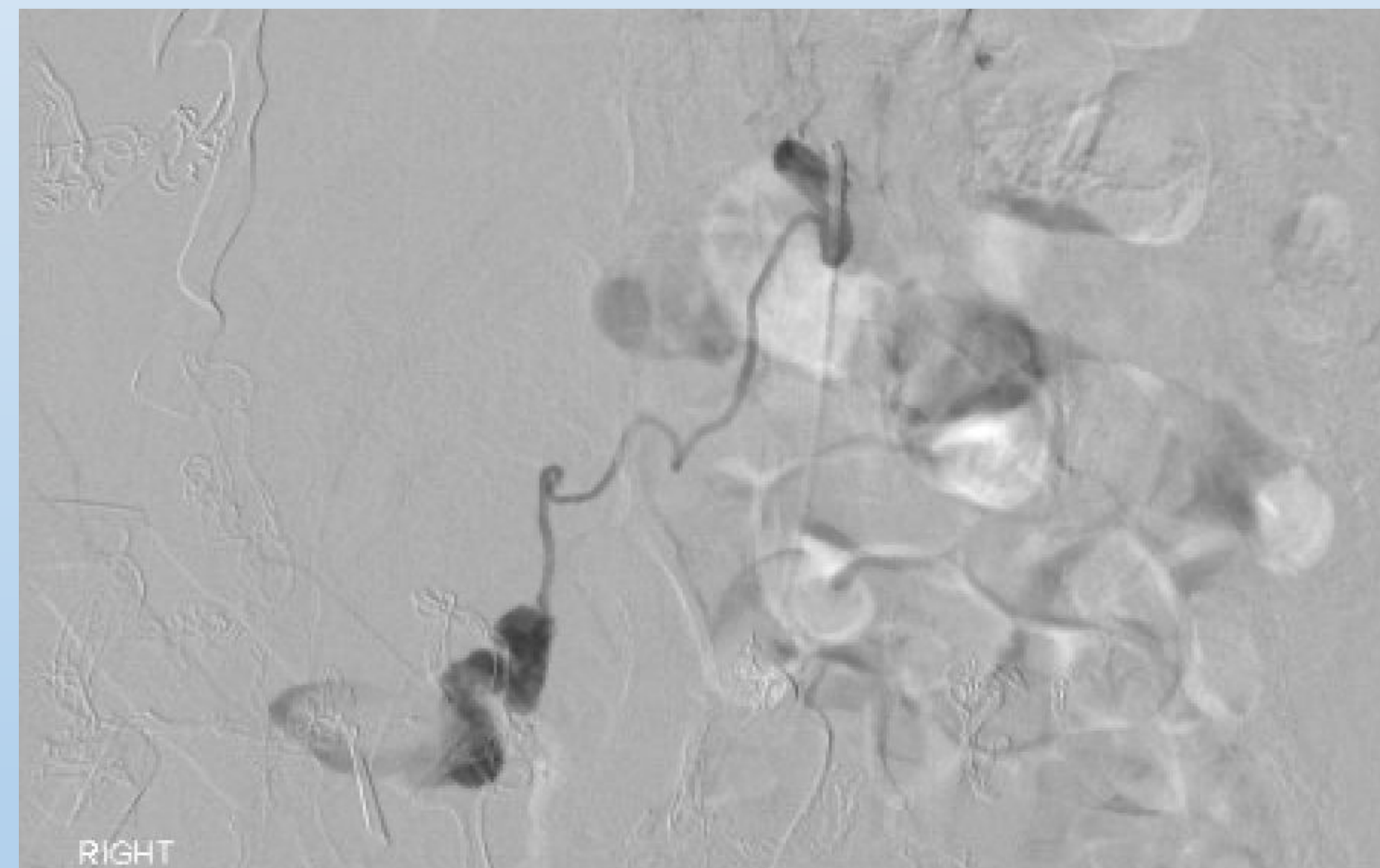


CASE PRESENTATION

The patient presented in labor at 39 weeks and 4 days gestation and underwent an uncomplicated spontaneous VBAC. However, on postpartum day 1, she reported severe right lower quadrant (RLQ) pain and increased vaginal bleeding. Physical examination revealed signs of shock and a right-sided psoas sign. Imaging showed uterine rupture with a large intra-abdominal/ pelvic hematoma.

MANAGEMENT AND TREATMENT

The patient underwent emergency exploratory laparotomy, revealing a large retroperitoneal hematoma extending to the xiphoid. Despite tamponading, the patient required embolization of the right gonadal artery to achieve hemostasis. Postoperative complications included myoglobinuria, femoral neuropathy, acute kidney injury (AKI), and sepsis.



OUTCOME

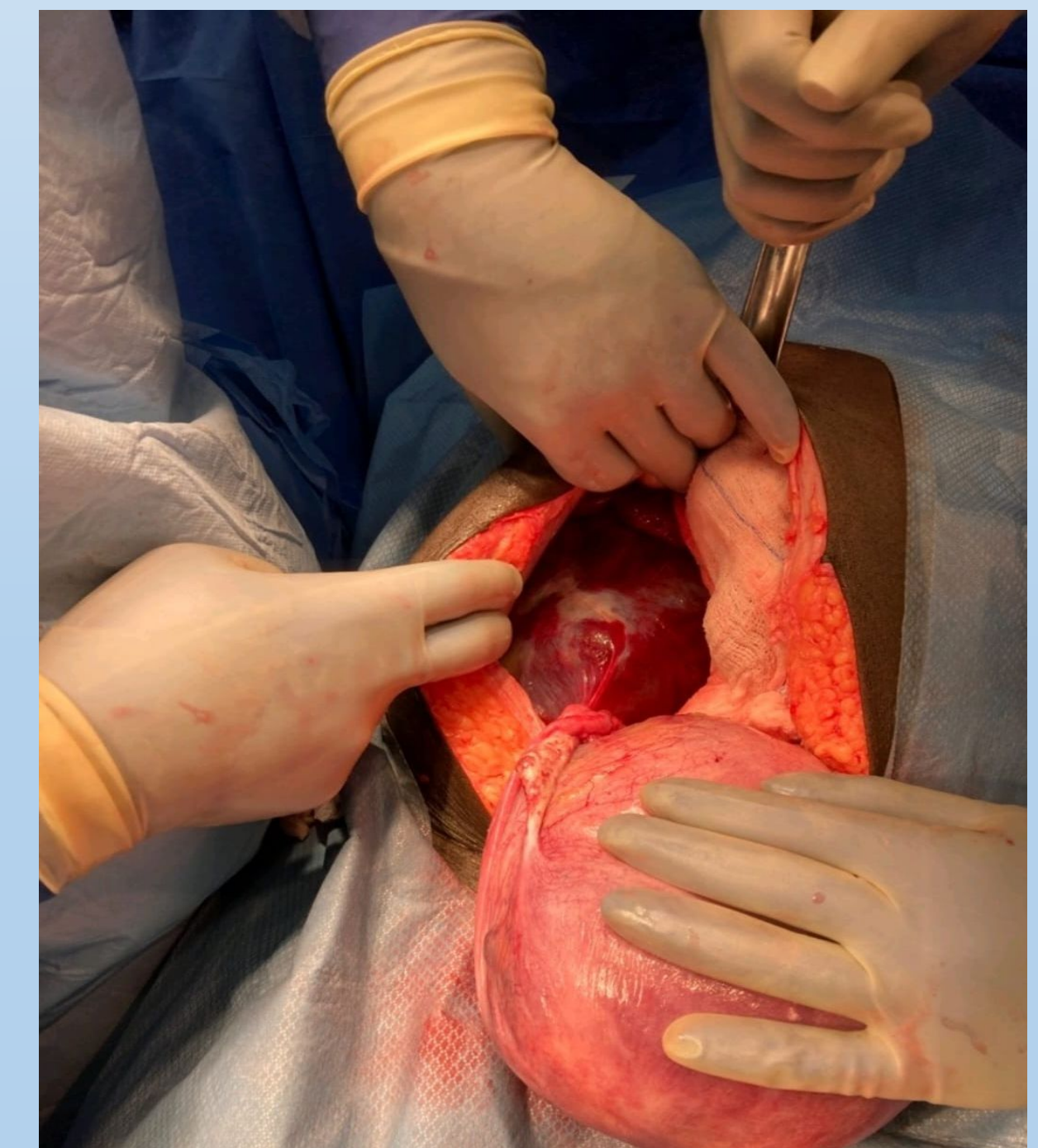
The patient was discharged on postoperative day 26 following temporary and permanent closure procedures. Despite the challenging postoperative course, the patient achieved a successful recovery with appropriate management and interventions.

DISCUSSION

Retroperitoneal hematomas can result from various etiologies, including trauma, vascular abnormalities, or complications of childbirth such as uterine rupture. While the incidence of retroperitoneal hematomas after vaginal delivery is low, their potential severity necessitates vigilance in diagnosis and management. Gonadal artery hematomas are rare but have been reported following vaginal delivery, particularly in cases of instrumental delivery or prolonged labor. Although uncommon, these hematomas can lead to significant morbidity and require prompt recognition and intervention.

CONCLUSION

This case underscores the challenges and complexities in managing retroperitoneal hematomas following successful VBAC, emphasizing the importance of prompt diagnosis and multidisciplinary management to achieve favorable outcomes. Further studies and awareness are needed to better understand the etiology and optimal management strategies for this rare complication.



REFERENCES

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