A severe case of an infralevator haematoma following an uncomplicated vaginal delivery.

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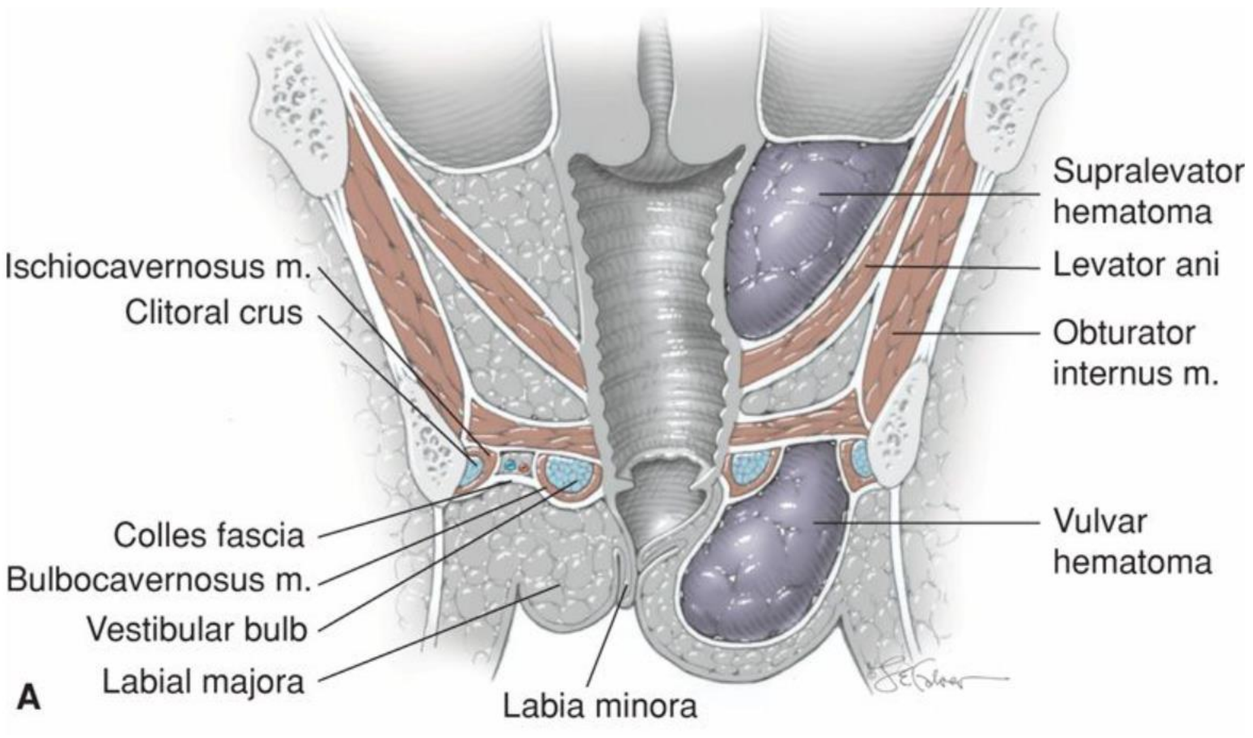
Background

Puerperal genital haematomas occur between 1 in 500 to 1 in 900 vaginal deliveries. They are caused by vascular injury following a vaginal delivery. These haematomas are broadly classified into paravaginal, vulvovaginal, and subperitoneal haematomas. Sub-peritoneal haematomas are further classified into supralevator and infralevator haematomas, which are located in relation to the levator ani muscle. Risk factors of puerperal genital haematomas include: 1) primiparity, 2) instrumental vaginal delivery, 3) episiotomies, 4) pudendal nerve block, 5) foetal macrosomia.



Case

This is a case of a 32-year-old primigravida who developed a severe infralevator haematoma following an uncomplicated vaginal delivery. She had no complicating antenatal risk factors. However, following her vaginal delivery, she developed postpartum haemorrhage secondary to vascular injury to the right vaginal wall.

On examination, pressure was applied to stop the bleeding, however, she rapidly developed right buttock pain and became hypotensive and tachycardic. A haematoma had formed on the right vaginal wall and was rapidly growing.

She was taken to theatre, and approximately 300 mL of blood was drained from the right vaginal wall. A 3cm infralevator haematoma was noted to be extending to the ischiorectal space. One unit of packed red blood cells was given due to haemodynamic instability. To prevent recurrence, simple interrupted sutures were applied to facilitate continued drainage and a vaginal pack was placed for 24 hours. She made a good post-operative recovery and was discharged home 2 days later.

Discussion and Conclusion

Infralevator haematomas occur below the levator ani, and typically present with vulval and perineal pain, ischiorectal mass and discolouration, bleeding, and urinary retention. They are often mild and can be managed conservatively. This lady, however, had severe right buttock pain, and shock, which was atypical and a more severe presentation for an infralevator haematoma. Given that there was an extension of the haematoma to the ischiorectal space, it is highly likely that this could have contributed to the severity of the symptoms. Infralevator haematomas also have a risk of recollection, therefore, simple interrupted sutures need to be applied to facilitate ongoing drainage until the vaginal wall has healed well. Although puerperal genital haematomas occur in one every 500-900 cases, they can impact the woman's morbidity following childbirth. Prompt diagnosis and management can prevent adverse outcomes and minimise the risk of recurrence.