# **BEWARE THE RECTUS SHEATH HEMATOMA**

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## **Background:**

Rectus sheath haematoma remains one of the most common reasons for return to theatre post caesarean section and carries up to a 4% mortality risk.

#### Aims:

We present Ms AF, a 36-yearold G2P2 who underwent an exploratory laparotomy, for management of haemorrhagic shock < 24 hours post elective caesarean.

#### Case:

Six hours post-surgery, Ms AF complained of abdominal pain and an anterior abdominal wall mass sensation.

On exam she was distended, with an exquisitely tender right side and voluntary guarding.

Although initially stable, she deteriorated becoming diaphoretic, tachycardic (105) hypothermic (34.7) with an unmeasurable blood pressure. Her bloods revealed a haemoglobin drop from 108 > 100 > 70 over the cause of 6 hours

A bedside scan showed free fluid in the upper abdomen and a diagnosis of haemorrhagic shock was made with the presumptive cause intra-abdominal bleeding.

She was taken as a priority one for a relook laparotomy.

### **Results:**

During the procedure she had an evacuation of rectus haematoma and repair of rectus muscle tear thought to be caused on blunt entry when the rectus sheath was stretched on the assistant's side.

Her EBL was 1.5L and she received 3 units PRBC and as well as cryoprecipitate.

#### **Discussion:**

This case was managed well with timely investigations. The underlying cause was however difficult to diagnose and is a reminder to always consider rectus sheath haematoma in those presenting with an acute abdomen post caesarean section.

#### References

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