Post-partum Rectus Sheath Hematoma - Two Cases

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Case Report

Case 1 :

A 30 year old primigravida complained of a suprapubic lump and difficulty in micturition on the 10th day of a normal vaginal delivery which took place on 7th May, 2001. On examination her pulse was 84/min., blood pressure 140/90mm of Hg and temperature normal. A suprapubic lump measuring 15 x 10 cm. was observed. The overlying skin had a purplish discoloration. Fothergill sign was positive.

Investigations revealed a hemoglobin of 9gm%, total leukocyte count of 7000/ mm^3 with a normal differential count and the clotting time of 4 minutes.

Ultrasonography disclosed a large amount of fluid collection in the suprapubic region that extended across the midline. There were clouds of internal echoes at places, suggestive of partial solidification. The collection displaced the urinary bladder downwards and posteriorly, and there was post-void residual urine.

Case 2 :

A 37 year old multipara had a normal vaginal delivery on 8th July, 2001. On the 4th postpartum day she developed dysuria and a suprapubic swelling. Her pulse was 90/min, blood pressure 130/86 mm of Hg, and temperature normal. The swelling had a midline cleavage which suggested prominent recti. The swelling bulged out more distinctly when the patient was asked to tense the abdomen (positive Fothergill sign).

The blood profile showed Hb 8.5 gm%, total leukocyte count 10,000/cu mm with a normal differential count and the clotting time of 3 minutes.

On ultrasound examination, a heterogeneous mass was demonstrated in both the rectus sheaths. The mass was separated in the midline. The urinary bladder was displaced posteriorly and downwards.

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Management

Both cases were of the collection of fresh and congealed blood in the anterior abdominal wall in the rectus sheath. This was confirmed by aspiration of brown colored fluid from the lump. Both hematomas gradually decreased in size and resolved completely in 8-10 weeks. The follow-up examination revealed nothing abnormal.

Discussion

Instances of rectus sheath hematoma have occurred during all three stages of child bearing[1]. Occurrence during labor is readily understood but the observation that it occurs in puerperium is more difficult to explain[1]. The combination of stretched, attenuated muscle and increased intra-abdominal pressure accentuated by the straining efforts of labor probably lead to muscle weakening and fiber disruption[1-3]. Rectus sheath hematoma generally manifests as an acute surgical abdomen and sudden onset of severe abdominal pain is the commonest presenting complaint[4,5]. Aspiration confirms the diagnosis and encourages conservative management. Surgery can be avoided.

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