

Background: PPH = major cause of mortality. Uterine rupture → hemorrhagic shock. Consider all rescue options.

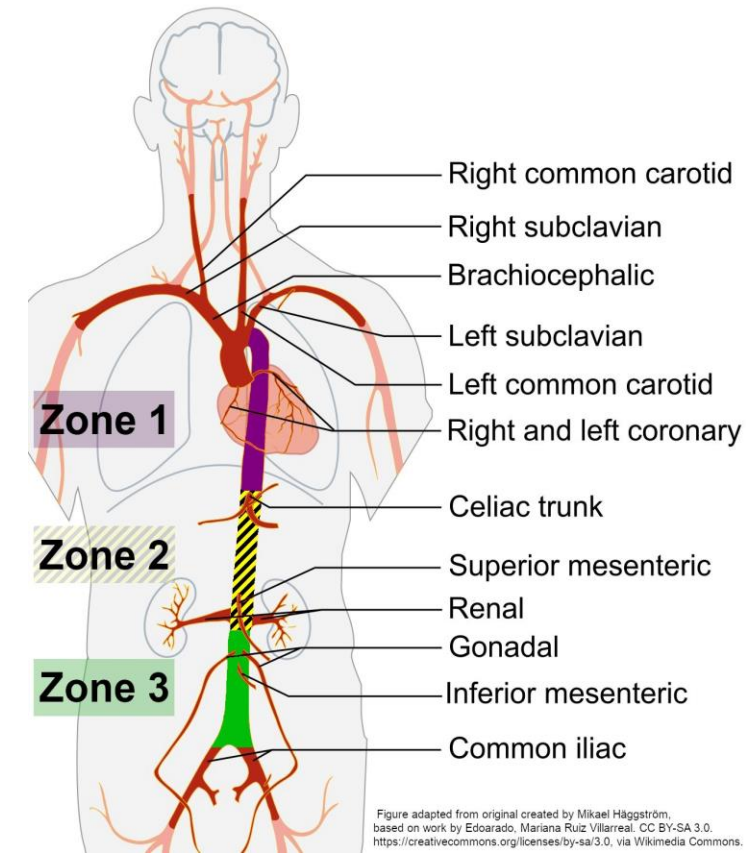
- REBOA = endovascular balloon occlusion of aorta for life-threatening bleeding
- Temporizes hemorrhage, used in life-threatening bleeding (trauma, increasing use in obstetrics)

Case: 36F G2P1 hx prior C/S, 40w gestation for TOLAC → uterine rupture

- Brisk vaginal bleeding → to OR in distress: gross pallor, HR 146, BP 131/76
- Multiple rounds MTP, coagulation still grossly abnormal, ↑ pressor requirement
- REBOA placed → improved hemostasis, MTP and resuscitation continues
- Upon conclusion: EBL 6.6L, Hb 13.9, lactate 3.6, Plt 72,000, Fbg 296, and TEG wnl

Teaching Points: REBOA becoming more frequently used in obstetrics

- Ppx to limit bleeding during C/S: well-defined in placenta accreta spectrum
- Rescue in life-threatening PPH: therapeutic utility unclear, limited case series
- Deployment described with "zones" - **AVOID ZONE 2**
- Complications include aortic rupture, reperfusion injury, and bowel/limb ischemia
- Limit occlusion time and balloon pressure to ↓↓ risk
- Anticipate rapid BP swings on balloon inflation/deflation



REBOA to the Rescue: Management of Massive Hemorrhage following Catastrophic Uterine Rupture

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