

Left Broad Ligament Hematoma Following Cesarean Section In A Parturient With History Of Aortic And Mitral Valve Replacements On Anticoagulant

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Introduction

39-year-old woman G3P2 with BMI 30
history of rheumatic heart disease (RHD) with mechanical heart valves (MHVs) done 5 years later (on lifelong warfarin)
developed a left broad ligament hematoma post-cesarean section, likely secondary to anticoagulation therapy.

Obstetric History

2 previous LSCS under spinal more than 10 years ago uneventful (before MHVs operation)

Cardiac Assessment/Echo/ TEE assessment

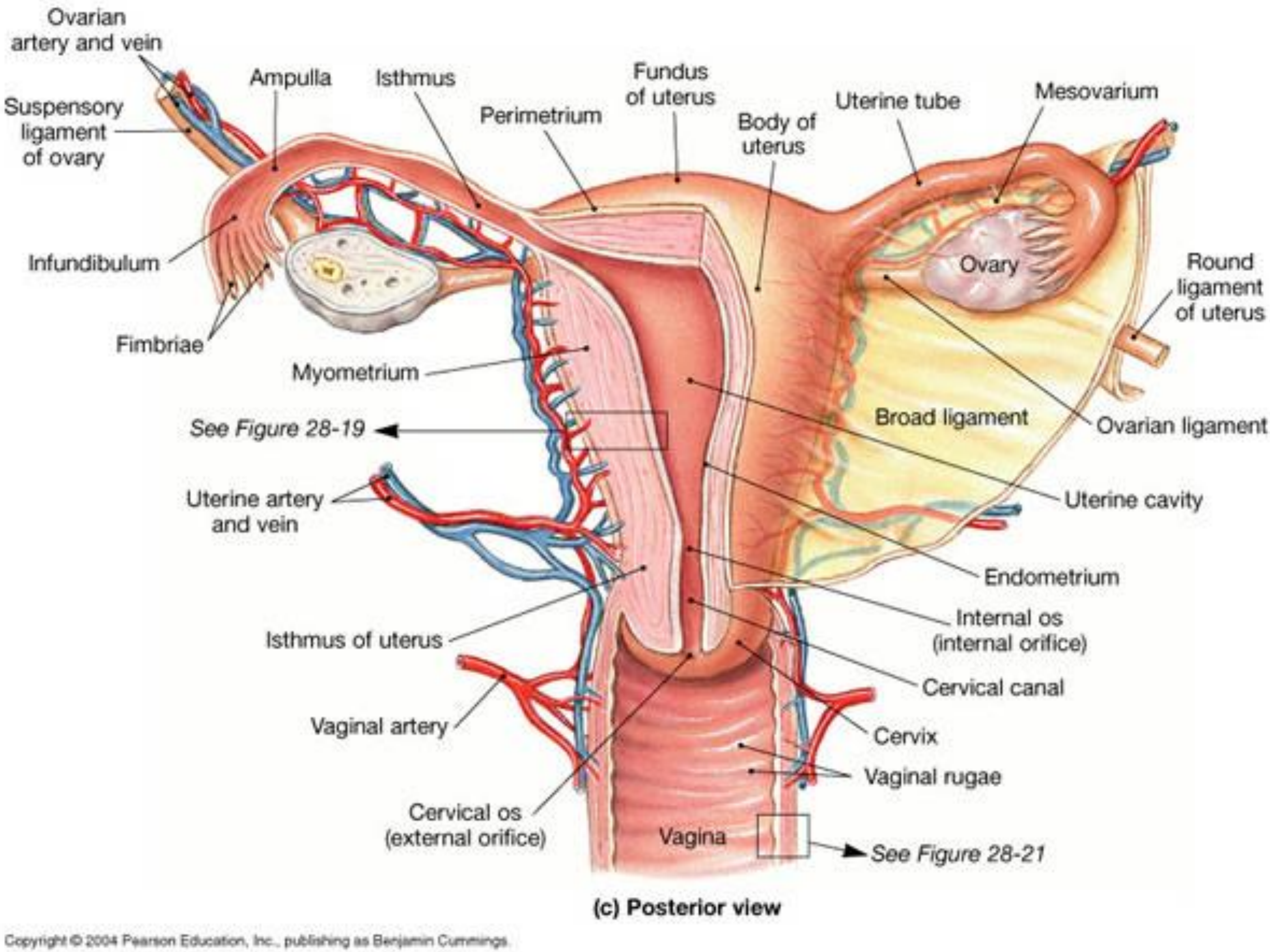
NYHA class II
EF 57%, dilated LA AND RA, MVR working well, AVR high gradient & mismatch , no signs of obstruction

MDT outcome

For elective LSCS at 37w and bridging warfarin to clexane 5 days prior surgery


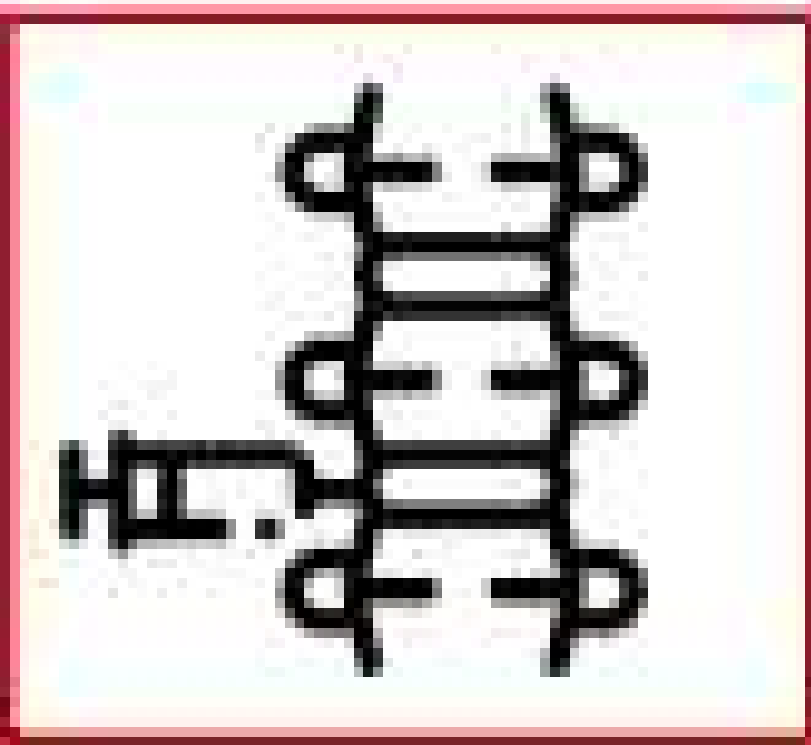


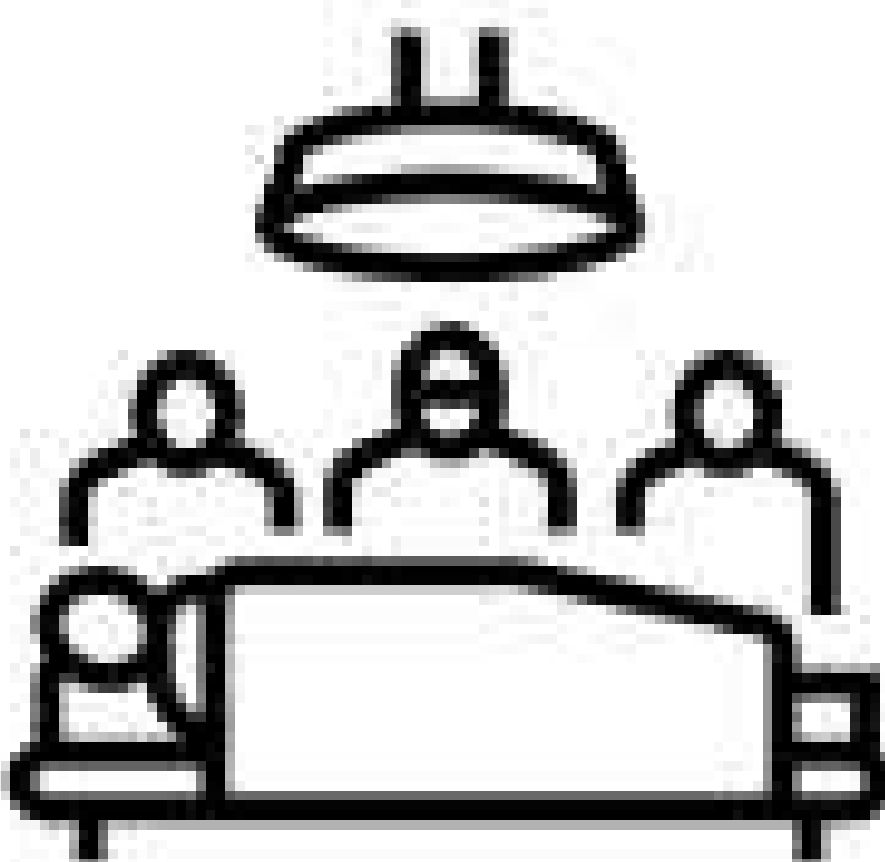



Preoperative assessment

Recent community acquired pneumonia with bronchospasm since admission (partially treated)



SEQUENCE OF EVENT



DAY	1	3	7	8	9	10	12	14	15	20
EVENT	ELLSCS by low dose sequential CSE	BRIDGING clexane - warfarin	AOR DISCHARGE	READMIT due severe abdominal pain and dysuria	RELAPAROTOMY	RESTART ANTICOAGULANT	SEPSIS SECONDARY INFECTED PARAVAGINAL/ PARARECTAL HEMATOMA	DEVELOPED FAST AF/SVT secondary sepsis – require amiodarone, reintubation and cardioversion	Extubate well next morning Restarting bridging with warfarin	DISCHARGE HOME AND GIVEN 2 WEEKS FOLLOW UP
	EBL 300mls		INR 1.9	PELVIC US SHOWN left broad ligament HEMATOMA 15 X 10 CM INR 2.9 Anticoagulant withhold Transfuse 2 pint packed cell	Evacuation of left subrectus hematoma and left internal iliac artery ligation FFP given 4 unit EBL 800mls		CT Abdomen-Angio Large COLLECTION 12x7x13cm displaces urinary bladder, vagina and rectum. No active bleed CRP 25.7	Repeat ECHO EF preserved mechanical av & mv functioning well no thrombosis/ clot/vegetations		
ANAEST CONCERN	<div> Neuraxial </div>		<div> Consults/Optimization</div>	<div></div>	<div> Anesthetic Technique</div>	<div> Multidisciplinary</div>	<div> General</div>	<div> Resource Utilization</div>		

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Discussion

- ✓ Post-partum hemorrhage is a significant cause of maternal morbidity and mortality. In patients with mechanical heart valves, the risk of bleeding is increased due to anticoagulation therapy.
- ✓ This case highlights the challenges of managing anticoagulation in this patient population. Balancing the risk of bleeding with the risk of thromboembolic events requires careful clinical judgment and close monitoring.
- ✓ This case also emphasizes the importance of a multidisciplinary approach in the management of post-partum complications in patients with complex medical histories. Close collaboration between obstetricians, cardiologists, hematologists, and radiologists is crucial for optimal patient outcomes.

References

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