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Case Report

Intrabdominal Hemorrhage Post Ovum Pick Up

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Abstract

We report a case of 42 years old who presented within 12-hour post ovum pick with abdominal pain, vomiting and dizziness, ultrasound showed picture of intrabdominal hemorrhage with significant drop of hemoglobin who managed conservatively, Received blood transfusion and discharged home in stable condition without need for surgical intervention.

Keywords: *Intrabdominal Hemorrhage; Ovum Pick Up; Ultrasound; Blood Transfusion; Monitoring*

Abbreviations

Ivf: *Invitro* Fertilization; IAH: Intra-Abdominal Hemorrhage

Introduction

Hemorrhage is a well-recognized complication post ovum pick up, arising from needle penetration of the vaginal wall and ovarian surface during follicle aspiration.

IAH, despite it is less frequent (0.06%-0.27%) [1-11], but it carries a significant risk. Management of such cases can be challenging conservative management is the first line of treatment due to high risk of complication.

Surgical treatment is reserved when there is evidence of ongoing bleeding and patients not responding to conservative management.

Case Presentation

This is to report a case of 42 yr old lady married for 2 yrs nulligravida, on IVF treatment.

History of ivf trial 8 months back, presented to emergency department within 12 hours after ovum pick up, complained of abdominal pain, vomiting and dizziness on and off, no fever or vaginal bleeding.

Vital sign showed:

- Temperature 37°C (Oral) Heart Rate: 84beat/minute Respiratory rate 20 Blood pressure 96/52 SpO_2: 100% on room air.
- Abdomen mild distension with mild lower abdominal tenderness.
- Patient base line hemoglobin was 11.5gm/dl it dropped to 6gm/dl [5.5 gm drop].

Ultrasound showed:

- Both ovaries are enlarged with ill-defined scanty follicles some follicles contain echogenic content suggesting intrafollicular hemorrhage.
- Right ovary 12 x 6 cm with one follicle 6 x 1.8 cm with intrafollicular hemorrhage.
- Left ovary 7 x 4 cm one follicle is seen 3.5 x 2.7 cm.
- Doppler study of ovarian artery showed normal waveform and indicis.
- Minimal to moderate amount of free pelvic fluid with echogenic content suggesting hemorrhagic fluid.
- Mild to moderate amount of intra-abdominal fluid in all peritoneal recess with floating intestinal loops impression.
- Enlarged ovaries with suspected intrafollicular hemorrhage.

Patient admitted to the hospital started on blood transfusion and close monitoring, patient pulse rate all through was normal, maximum pulse rate reached 102 beat/minute, blood pressure initially was in the lower site then pick up to itis normal range after initial resuscitation with fluids patient observed in the hospital for 3 days received 4 unit red blood cell. No further drop of hemoglobin after blood transfusion and patient remain vitally stable and discharged home in good general condition.

Discussion

Typically, patients with intrabdominal hemorrhage present with abdominal pain, abdominal distension, nausea, vomiting and giddiness within 12 hours post ovum pick up but still there is delayed presentation up to 10 days.

Rick factors for such complication include pelvic adhesions, GnRH agonist protocol for ovarian stimulation and coagulation disorders.

Ultrasound is considered the initial diagnostic modality to detect intraabdominal hemorrhage.

A complete blood count is valuable for diagnosis and treatment.

Initial conservative management, with close monitoring of patients, is advisable as bleeding often stops spontaneously; surgery should typically be considered only if conservative management failed.

However, if there is deterioration in patient clinical condition despite resuscitation and blood transfusion which indicate treatment failure, recourse for surgery is advisable whether laparoscopy or laparotomy keeping in mind such surgery may be challenging due to vascular hyper stimulated ovaries and partial or total oophorectomy may be required, in addition to the risk of damaging ovarian reserve in such infertile patients.

In retrospective case analysis studied like 25 cases in the literature, surgical intervention was considered for patients with progressive hemoglobin reduction (> 3 mg/dL) [Despite there is case who dropped > 4 gm and was safely managed conservatively].

In above case presented the patient had hemoglobin drop of 4.5 gm patient was resuscitated and received blood transfusion and remain stable with no significant symptoms or further drop in hemoglobin post blood transfusion and discharged home in stable condition.

Conclusion

Conservative management still can be the first option for intrabdominal bleeding post ovum pick up with drop of hemoglobin if patient remains stable after initial resuscitation with blood product and symptomatology improved.

Conflict of Interest

I have no conflict of interest.

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