

Opinion: Maternal Morbidity Associated with Splenic Artery Rupture and Retroperitoneal Haematomas (RPH) in Pregnancy



Rafi J*

Department of Obstetrics & Gynaecology, Ipswich Hospital NHS Trust, UK

Submission: December 18, 2017; Published: February 21, 2018

*Corresponding author: Junaid Rafi, Ipswich Hospital NHS Trust, Heath Road, IP4 5PD, Ipswich, UK, Email: drjunaidrafi@hotmail.com

Keywords: Splenic artery aneurysm; Abdominal pain; Spleen; Pulmonary embolism; Myocardial infarction; Maternal morbidity

Letter to Editor

Recently a case report was published in Global Journal of reproductive medicine by Mulla AA et al. [1] on Spontaneous Rupture of splenic artery aneurysm. There need to be increased awareness about such cases in obstetric population because the incidence of splenic artery rupture in pregnancy is low and also may be not many cases are reported in literature. The finding of inquest [2] in the death of pregnant women revealed that eight deaths occurred in Australia from year 2000-2012 due to splenic artery rupture in pregnant women and main reason was that it was late and misdiagnosed. A review on 21 cases of retroperitoneal haematoma in obstetrics highlighted the fact that splenic artery rupture is one of the important causes of retroperitoneal haematoma and presentation can be confusing posing a diagnostic dilemma for clinicians. Upper Abdominal pain in splenic artery rupture and inferior epigastric artery rupture is confused with placental abruption and stretching pain of the hepatic capsule especially with history of pre-eclampsia [3,4]. I would also highlight the case of malaria in obstetric patient causing splenic accident and retroperitoneal haematoma in pregnant woman. Probable mechanism of spontaneous rupture of spleen can be due to hyperplasia and stretching of splenic parenchyma, infarcts, haemorrhage and hematomas, tears or fibrosis can be the contributory factors [5].

The issue of retroperitoneal haematoma is very important in maternal morbidity and mortality but it's very rare and there is not enough awareness among obstetricians. Although there was more intraperitoneal bleeding in this case, however it can pose major morbidity and mortality issue where bleeding

is only confined to retroperitoneal space and picked up quite late unless incidentally found on ultrasound abdomen or CT-scan. The Advanced Life Support (ALS) Manuals and Obstetric drills include chest pain as the most important cause of collapse. But In obstetric patient chest pain due to splenic artery rupture is misdiagnosed or confused with Amniotic fluid embolism, pulmonary embolism, Myocardial infarction and Pneumomediastinum [4,5]. And further on since splenic artery rupture may not always present with obvious peritoneal symptoms so can be easily missed or diagnosed late when it only cause retroperitoneal bleed. We need to strengthen this opinion that National Guidelines must address and emphasise on the rare causes of maternal morbidity, mortality and collapse during puerperium. Only then it would be possible to increase awareness among obstetricians.

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DOI: [10.19080/GJORM.2018.03.555615](https://doi.org/10.19080/GJORM.2018.03.555615)

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