

Haemorrhagic corpus luteum in a patient with Haemophilia A requiring oophorectomy

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Background

The haemorrhagic corpus luteum may have little clinical consequence in most women, however, serious and life-threatening episodes have been described in abnormal haemostatic conditions such as Haemophilia.

Aims

To present a case of severe hemoperitoneum secondary to a haemorrhagic corpus luteum in a patient with Haemophilia A.

Case

A 16 year old female presented with generalised abdominal pain following mild blunt abdominal trauma. This was on a background of mild haemophilia A. Initial observations, haemoglobin and abdominal examination were normal. An abdominopelvic CT showed approximately 250ml of blood in in the pouch of Douglas extending up to diaphragm, concerning for an ovarian artery or splenic laceration (see image 1).



Image 1: Blood evident in the perihepatic and perisplenic spaces.

Results

The patient was taken to theatre as a joint case with the general surgeons. A laparoscopy was performed and a 1.1 litre hemoperitoneum was identified with ongoing bleeding from a ruptured haemorrhagic corpus luteum. An oophorectomy was performed due to difficulties gaining haemostasis. The patient received intraoperative recombinant factor VIII and tranexamic acid after discussion with haematology. She was continued on tranexamic acid and transferred to a facility with haematology available onsite. Post-operatively she received a further two doses of recombinant factor VIII and an iron infusion.

Discussion

This case demonstrates a potentially life-threatening complication of a haemorrhagic corpus luteum and highlights the importance of interdisciplinary management of patients with bleeding diatheses. Prompt haematology advice is essential for any patient with haemophilia and concerns for intra-abdominal bleeding as it is important to initiate therapy immediately, even before diagnostic assessment is completed.