Spontaneous Rectus Sheath Hematoma (RSH) in Pregnancy
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Objective
To highlight the possibility of this rare but potentially serious condition in pregnancy and discuss its management.

Methods
Case report.

Results
A 36 years old G10 P9, all uncomplicated pregnancies, presented at 24 weeks gestation with constant RUQ pain and persistent severe productive cough for several days. Vital signs were normal and abdominal examination revealed RUQ tenderness but no peritoneal signs. The uterus was soft and not tender, with SFH of 24 cm, and CTG was reassuring. Blood tests were normal and throat swab revealed influenza B. She was started on Tamiflu, cephalaxin and tinzaparin and an US abdomen arranged. The following day the pain worsened and a mass became apparent in the right upper abdomen. The US scan revealed a heterogeneous mass between the umbilicus and epigastrium 12x7x5 with no flow on colour Doppler. The origin of the mass remained unclear, but differential included fibroid, ovarian cyst and hematoma. An urgent MRI was performed and revealed a heterogeneous mass with increased signal intensity on T1. A diagnosis of rectus sheath hematoma was made. On repeat blood count the haemoglobin had dropped to 65g/l, while BP was noted to be 92/57. The tinzaparin was promptly stopped, IV fluids and blood transfusion commenced. The patient made an uneventful recovery over the next few days and was subsequently discharged home and remained well for the rest of the pregnancy.

Conclusion
Spontaneous RSH is a rare occurrence in pregnancy but it is important to recognize it as it may mimic many other causes of acute abdominal pain in pregnancy which may lead to unwarranted surgical intervention. The use of thromboprophylaxis is associated with increased risk of RSH, bleeding and severe anemia. US is the primary modality of investigations but in this case MRI provided the definitive diagnosis. Conservative management is advised unless there is hemodynamic instability, intraperitoneal rupture or sepsis.