Objective
Puerperal hematoma is rarely a life-threatening complication of childbirth, occurring in 1/300 to 1/1500 deliveries, mostly arising from bleeding of lacerations related to episiotomy or to operative delivery. Nulliparity, macrosomia, prolonged second stage of labor, multifetal pregnancy, preeclampsia, vulvar varicosities and clotting disorders are other risk factors. Classically, puerperal hematomas are designated as vulvar, vulvovaginal and subperitoneal according to their location. Vaginal hematomas result from injuries to the branches of the uterine artery, mainly the descending branch. We report a case of puerperal vaginal hematoma presented as acute urinary retention after an uneventful labor and delivery.

Methods
A 20-year-old primigravid woman, with an uneventful medical or surgical history, was admitted due to painful uterine contractions at 40 weeks’ gestation. She vaginally delivered, with a right mediolateral episiotomy, a healthy girl weighting 2710 g.

Results
On the first postpartum day, her general condition was well, but presented with tachycardia and urinary retention as well as abdominal tenderness and tonic uterus with normal amount of vaginal bleeding. During the speculum examination, we could not visualize the cervix, only a huge vaginal hematoma superseding the cervical tissue was seen. On ultrasonography, there was acute urinary retention. After urinary catheterization, ultrasonography demonstrated a vaginal hematoma, measuring 11.5 cm in diameter arising from the posterior vaginal fornix which apparently pushed the cervix upwards. The hemoglobin level was found as 8.9 g/dL and two units of packed red blood cells with one unit of fresh frozen plasma were transfused. Surgical intervention was performed under general anesthesia. Episiotomy sutures were opened and the massive hematoma was drained. Afterwards, episiotomy site and the lacerated posterior fornix were repaired. Prophylactic antibiotics were given and she was discharged home 2 days after the operation.

Conclusion
Huge vaginal hematomas should be considered in patients presenting with bladder distension and lower abdominal pain in the puerperal period. Although repairing such large lesions requires expertise, suspicion and taking rapid action can be lifesaving.
Figure 2: Preoperative appearance on vaginal examination

Figure 3: Peroperative drainage of hematoma

Figure 4: Peroperative repair of vagina

Figure 5: Final appearance after repair