

BLOOD PLAYS HIDE AND SEEK: A rare case of rectal hematoma in ectopic pregnancy

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INTRODUCTION:

Ectopic pregnancy which arises from the abdominal cavity is rare and associated with higher morbidity and mortality. Patients often have atypical presentation which lead to misdiagnosis. We present a case report of rectal hematoma in a suspected ruptured ectopic pregnancy patient.

CASE DESCRIPTION:

We present a case of 38 years old women with underlying hypothyroidism at 4 weeks of amenorrhoea presented with giddiness and abdominal pain.

Upon arrival at the Critical Zone, she was alert but pale and tachypneic. The oxygen saturation was 100% on high flow mask with heart rate of 100 bpm and blood pressure of 112/68 mm Hg. The abdomen was soft but mildly distended. Trans abdominal scan (TAS) done revealed free fluid at Morrison's pouch and suprapubic area. The initial blood gases showed pH 7.487, HCO₃ 21.4mmol/L, lactate level 2.7mmol/L. The initial Hb level was 12.0g/dl. The case was immediately referred to Obstetrics and Gynecology (O&G) Department for ruptured ectopic pregnancy. However, while being reviewed by O&G department, the patient deteriorated and turned pulseless. Red Alert Code was activated and patient was successfully resuscitated.

Emergency laparotomy was done by General Surgeon and Gynecologist. The

intraoperative finding was a ruptured hematoma at the anterior rectum with total estimated blood loss of 4.5 Litre.

DISCUSSION:

Ectopic pregnancy is when a fertilized egg implants itself outside the uterine cavity, usually in one of the fallopian tubes. In rare circumstances, ectopic pregnancies could implant in the abdominal cavity. The peculiarity of diagnosing rectal ectopic pregnancy makes it difficult to manage and therefore it is associated with higher morbidity and mortality. Rectal bleeding is an extremely rare complications of an ectopic pregnancy as seen in this case.

In this case, the patient presented with giddiness and abdominal pain without rectal bleeding. Our case illustrated that rectal pregnancy, is remarkably difficult to diagnose. At emergency department level, clinician need to be aware of the possibility of gestational sac between the uterus and the rectum.

CONCLUSION:

There is a need for thorough history and physical examination and added ultrasound to guide a diagnosis of rectal ectopic pregnancy.

KEYWORDS: ectopic pregnancy, rectal bleeding.