

## INTRODUCTION

Haemorrhagic shock, a critical and life-threatening condition arising from significant blood loss, demands aggressive management to prevent irreversible organ damage and mortality. This case highlights the challenges in managing **acute haemorrhagic shock** in a patient with concurrent **severe hyperglycaemia**.

## CASE DESCRIPTION

58-year-old gentleman with Diabetic Mellitus, Hypertension, and mid-rectal carcinoma presented to Emergency and Trauma Department Hospital Kuala Lumpur with active stoma bleeding. He was agitated and haemodynamic unstable: Blood Pressure 84/52mmHg, heart rate of 92/minutes, Respiration Rate 21 breaths per minute, SPO<sub>2</sub> 98% on room air and hypothermia (35.9°C). Patient was in haemorrhagic shock with shock index greater than 1.0. Capillary glucose was markedly elevated at 24.9 mmol/L while serum ketone was low at 0.3mmol/L. Approximately 150mls of fresh blood was seen in the stoma bag and his haemoglobin level of 9.7g/dL. Resuscitation began with one pint of Normal Saline and blood transfusion (Safe O) was commenced. Despite transfusion, patient remained hypotension (80-90mmHg). Subsequently, thawed plasma transfusion was initiated as the presence of fresh blood in the stoma bag was suggestive of ongoing active bleeding. Following the completion of the blood and thawed plasma transfusions, his haemodynamic status improved, with his systolic blood pressure stabilizing in the range of 110-120 mmHg. This patient was referred to surgical team for definitive bleeding control.

## DISCUSSION

Haemorrhagic shock is a subtype of hypovolemic shock characterized by severe reduction in circulating blood volume due to acute haemorrhage. Early and adequate blood transfusion is a cornerstone in managing haemorrhagic shock, proving more effective than sole reliance on crystalloid resuscitation. Studies have demonstrated that delaying in initiation of blood transfusion in patients with haemorrhagic shock is associated with increased mortality and morbidity.

## CONCLUSION

In acute haemorrhage with shock, it's crucial to **transfuse early, transfuse adequately**, especially in comorbid patients where physiological compensation may be blunted, thereby, improving the likelihood of positive outcomes.

## REFERENCES

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## KEYWORDS

Stoma bleeding, haemorrhagic shock, mid-rectal carcinoma, resuscitation