

A RARE POSTPARTUM PERIL: SPONTANEOUS SPLEENIC RUPTURE POST CESAREAN SECTION

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Introduction

Spontaneous splenic rupture is a rare but critical postpartum emergency. Its presentation may mimic common post cesarean complications, risking delayed diagnosis. Clinicians must maintain high suspicion in cases of acute abdomen with hemodynamic instability. Early recognition and surgical intervention are key to survival.

Keywords: spontaneous splenic rupture, postpartum emergency, acute abdomen

Case Description

A 31-year-old woman with late-onset postpartum hypertension presented on post-op day 6 after cesarean section for prolonged labour, with sudden severe abdominal pain and signs of hypovolemic shock. On arrival, she was pale, tachycardic, and had a tender, guarded abdomen. Bedside ultrasound showed free fluid with "floating bowel", suggesting massive intra-abdominal bleeding, initially suspected to be uterine in origin. Despite transfusion, she remained unstable, prompting emergency laparotomy. Intraoperatively, the uterus and pelvic vasculature were intact, but multiple splenic lacerations with active bleeding were found. A total splenectomy was performed due to uncontrolled hemorrhage (estimated blood loss: 3.5 L). She received 4 units PRBCs and DIVC correction. Histopathology confirmed atraumatic splenic rupture with no underlying pathology. She recovered well and was discharged with post-splenectomy vaccinations and follow-up.

Discussion

Spontaneous splenic rupture, though extremely rare, is a critical differential diagnosis in postpartum acute abdomen, especially in the absence of trauma, infection, or hematologic disease. Proposed contributing factors include hemodynamic shifts, increased intraabdominal pressure, vascular fragility, and unrecognized intraoperative trauma. In this case, prolonged labour prior to cesarean may have played a role. The patient's presentation with acute abdomen and hypovolemic shock closely mimicked common obstetric complications, such as uterine rupture or secondary postpartum hemorrhage. Although CT imaging is typically useful, immediate laparotomy was warranted due to clinical signs of massive internal bleeding and ongoing instability. Intraoperative findings revealed splenic lacerations, necessitating a total splenectomy. This case emphasizes the importance of considering non-obstetric surgical emergencies in postpartum patients and the need for timely surgical intervention to improve outcomes.

Conclusion

This case highlights the importance of maintaining a high index of suspicion for life-threatening non-obstetric causes in postpartum patients presenting with acute abdomen. Although rare, spontaneous splenic rupture should be considered in the differential diagnosis, especially when clinical findings are atypical or unexplained. Early recognition, prompt imaging, and timely surgical intervention are critical to ensure optimal maternal outcomes.

References:

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Figure 1 showing spleen that being removed.
*Depicted area of laceration

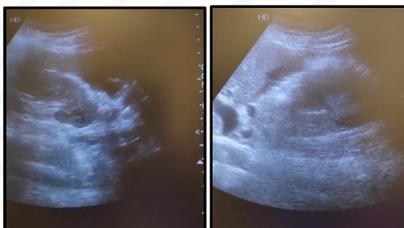


Figure 2 and 3 showing presence of free fluid at the hepatorenal and splenorenal area on PoCUS.