



Hepatic subcapsular hematoma as a rare complication to vaginal hysterectomy, case report

Laila Ezzat MD

Obstetrics and gynecology department, Aswan University, Aswan, Egypt

Abstract

Background: Hysterectomy is the most common gynecologic procedures performed in United States, with more than 600,000 procedures performed each year. Complications of hysterectomy vary based on route of surgery and surgical technique. Vaginal hysterectomy is performed entirely through the vaginal canal and has clear advantages over abdominal surgery such as fewer complications, shorter hospital stay and shorter healing time. Severe operative complications occurred in 3 % the risk decreased with age and increased with greater parity and history of serious illness.

Case: The case presented to this study was admitted to Aswan university hospital as 74 years old grand multipara (P10+0) with complete procedential, some investigations was done to prepare the patient for operation (vaginal hysterectomy). Vaginal hysterectomy was done. Then the patient discharged from the hospital with no complains. After 10 days postoperative period the patient complaining of retention of urine. The patient readmitted to hospital a Foleys catheter was applied and pervaginal examination was done followed by severe vaginal bleeding. MRI also done and revealed postoperative status showing hepatic large sub capsular collection, pelvic operative bed encysted collection with high density complicated long standing parenchymal liver disease.

Conclusion: Other studies hysterectomy is a common, routine surgery with comparatively rare serious complications. In our case, there is a rare complication to vaginal hysterectomy operation for benign condition not recorded before in another studies.

Keywords: vaginal hysterectomy, Hepatic subcapsular hematoma, complication

Introduction

Hysterectomy is the surgical removal of the uterus. It may also involve removal of the cervix, ovaries, fallopian tubes and other surrounding structures ^[1].

Hysterectomy is the most common gynecologic procedures performed in United States, with more than 600,000 procedures performed each year. Complications of hysterectomy vary based on route of surgery and surgical technique ^[2].

Vaginal hysterectomy is performed entirely through the vaginal canal and has clear advantages over abdominal surgery such as fewer complications, shorter hospital stay and shorter healing time ^[3].

Vaginal hysterectomy is the method of choice for gynecologists who carry out hysterectomies. Undertaking this procedure regularly will enhance the gynecologist's level of skills and enable conditions such as ovarian cysts, broad ligament fibroids and other adenexal pathology to be dealt with vaginally during hysterectomy surgery without abdominal invasion ^[3].

Severe operative complications occurred in 3 % the risk decreased with age and increased with greater parity and history of serious illness ^[4].

Case presentation

The case presented to this study was admitted to Aswan university hospital as 74 years old grandmultipara (P10+0) with

complete procedential, some investigations was done to prepare the patient for operation (vaginal hysterectomy). The investigations results were within normal range except for anemia and the patient received blood transfusion. Medical consultation was done which confirm that the patient was fit for surgery but she was hepatitis C +ve. Vaginal hysterectomy was done. Then the patient discharged from the hospital with no complains. After 10 days postoperative period the patient complaining of retention of urine. The patient readmitted to hospital a Foleys catheter was applied and per vaginal examination was done followed by severe vaginal bleeding.

The patient was vitally stable but on abdominal examination the abdomen was tender, surgical consultation was done and abdominal ultrasound which revealed a well-defined complex soft tissue mass partially cystic measuring about 14×9 cm at the liver, CT abdomen and pelvis with contrast was recommended and done and revealed relatively thick walled cystic lesion seen within soft tissue components or papillary growth measuring 11.5×8×11 cm likely localized pelvic collection.

The patient entered in attacks of high fever and aspiration from the pelvic collection was done and revealed blood collection.

MRI also done and revealed postoperative status showing hepatic large subcapsular collection, pelvic operative bed encysted collection with high density complicated long standing parenchymal liver disease.(figure 1)



Fig 1: MRI showing hepatic large sub capsular collection, pelvic operative bed encysted collection with high density complicated long standing parenchymal liver disease.

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Discussion

As regard complications of hysterectomy, in other studies ureteral injury is not uncommon and can range from 2.2 % to 3% depending on whether the modality is abdominal laparoscopic, or vaginal.

The injury usually occurs in the distal ureter close to the infundibulopelvic ligament or as the ureter crosses below the uterine artery often from blind clamping and ligature placement to control hemorrhage^[5].

Approximately 35% of women after hysterectomy undergo another related surgery within 2 years^[5].

Short term mortality (within 40 days of surgery) is usually reported in the range of 1-6 cases per 1000 when performed for benign causes. Risks of surgical complications are presence of fibroids, dysfunctional uterine bleeding and parity^[4].

In conclusion of other studies hysterectomy is a common, routine surgery with comparatively rare serious complications. However, younger, women with more vascular pelvises, who undergo hysterectomy, especially laparoscopically assisted vaginal surgery for symptomatic fibroids, bear most risk of severe complications both operatively and post operatively^[4]. In our case, there is a rare complication to vaginal hysterectomy operation for benign condition not recorded before in another studies.

References

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