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INTRAOPERATIVE SPONTANEOUS RUPTURE OF UTERINE VARICOSE VEIN

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Dear Editor,

Spontaneous, non-traumatic rupture of pelvic (uterine) varicose veins in pregnancy and delivery is a very rare and unpredictable complication associated with a high maternal morbidity and mortality of up to 30% due to hemoperitoneum and hemorrhagic shock. Clinically, rupture of pelvic (uterine) varicose vein mostly mimics placental abruption or uterine rupture[1-3].

In a 35-year-old tertipara free from comorbidity, repeat elective cesarean section in spinal anesthesia was performed in 39th week of gestation because of previous two cesarean sections and transverse fetal lie. The procedure proceeded uneventfully, a healthy, eutrophic neonate was born, and there were no intraabdominal adhesions. During hysterotomy suture, there was constant efflux of dark blood from the left iliac fossa. Therefore, the uterus was exteriorized to reveal a varicose tubo-ovarian conglomerate at a broad, perforated, abundantly bleeding varicocele posteriorly, adjacent to the uterus. Considering this finding and inability to place sutures along with the oxidized cellulose strip just placed on the vein, which was fragile and breakable, left-sided adnexectomy was performed. However, there was massive bleeding also from descending varicose uterine veins (pelvic varicocele), therefore sutures according to O'Leary were made, but failed due to varicose vein breaks. Hemostatic sutures were placed for bleeding from uterine edges, but abundant bleeding continued. Because of uncontrollable hemorrhage, maternal age and multiparity, total hysterectomy with adequate hemodynamic replacement was performed, upon the patient's consent. The postoperative course was normal and the patient was discharged from the hospital on the fifth day of the puerperium.

Varices of the broad ligament, superficial uterine veins and utero-ovarian ligament have been described in several case reports[3,4]. Urgent laparotomy is indicated for vital indications, with hemostasis by ligature (uterine or internal iliac artery ligation), oxidized cellulose, or rarely hysterectomy, thereby respecting maternal age, parity, site and intensity of bleeding, shock development[2], as in the case of uncontrolled bleeding presented. A recently reported case of percutaneous embolization of ruptured varicocele is an option of conservative treatment aiming at uterus preservation[5], which requires trained interventional radiology team, which was not available in our hospital at that time.

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