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SUBCAPSULAR LIVER RUPTURE – A RARE PRESENTATION IN A PRE ECLAMPSIA PATIENT WITH CONGENITAL HEART DISEASE

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KEYWORDS :

INTRODUCTION

Subcapsular Hematoma And Hepatic Rupture Are Very Unusual Catastrophic Complications Of Pre Eclampsia And Hellp Syndrome. The Reported Incidence Varies From 1 In 40,000 To 1 In 2,50,000 Deliveries. A Multidisciplinary Approach To The Management To These Patients Can Lead To Remarkable Decrease In The Usual Mortality Rate.

CASE REPORT

25 Yrs Old Woman, Second Gravida With Previous One Abortion, With 35 Weeks Gestational Age (Fig. 1) Who Has Conceived With Ivf Treatment Referred From Outside In View Of Severe Preeclampsia With Congenital Heart Disease I.e Asd Diagnosed One Day Back. (Fig 1) She Had History Of Generalised Edema Of Body Since 4 Days, One Epidose Of Headache With Vomiting And Three Episodes Of Watery Stools Since One Day. No History Of Abdominal Pain And Blurring Of Vision Or Oliguria. O/e Generalised Anasarca Seen. Vitals- Tachycardia, B.p–160/110mmhg, Jvp Not Elevated. Auscultation — Systolic Murmur Noted. Lungs— B/l Air Entry Present, No Crepitations.

MANAGEMENT

Patient Managed With Mgso4 Loading Dose As Per Pritchard Regimen, Blood Pressure Controlled With Nefedepine 10 Mg And Posted For Emergency Cesarean Section In View Of Severe Pre Eclampsia With Severe Oligohydromnios With Precious Pregnancy. Delivered A Male Child Of Wt 2.3kgs With Apgar Score 4-5, No Pph. Post Operatively Mgso4 Regimen Continued Along With Antibiotics And Nifedepine.. Approximately 12 Hrs After Surgery Heparin Started As Thromboprophylaxis In View Of Asd. 16 Hrs After Surgery Patient Presented With Sudden Hypotension, Tachycardia, Giddiness And Abdominal Distension With Varying Degree Of Pallor. Bedside Usg (Fig -2) Suggestive Of Hemoperitoneum And Diagnostic Paracentesis Revealed Blood . Patient Posted For Emergency Laprotomy 2.5 Liter Blood Mixed With Clots Collected In The Paracolic Gutter With No Active Bleed At Uterine Incision. A Capsular Tear Of Size 2 Cm Is Seen Over The Inferior Surface Of The Liver (Fig – 3) And Continious Ooze Noted Which Was Controlled With (Haemostat Gel Foam) And Pressure With Mop For Approximately 20 Min. Abdomen Closed After Placing Drains. 3 Units Of Pcv And 4 Units Of Ffp Were Tranfused Intraoperatively. Drains Removed On 5th And 7th Pod Sutures Completely Removed On 13th Pod Patient Discharged On 14 Th Pod.

DISCUSSION

The Cause Of Subcapsular And Intraparenchymal Hematoma In Pre-eclampsia Is Not Definitely Known. A Fluoresent Antibody Technique Has Been Used To Demonstrate Fibrin Deposition On Basement Membrane Of The Hepatic Sinusoids And The Arterioles Of Eclamptic Patients.. It Has Been Postulated That Sensitisation Of Reticuloendothelial System Of The Liver By Preeclmpsia May Render It Unable To Clear Fibrin Thrombi From The Circulation. As A Result Infarction With Vascular Disruption May Develop Leading To Intrahepatic Haemorrhage And Parenchymal Disrption Rarely The Periportal Necrosis That Result Coalesces And Forms Subscapular Hematoma Leading To Rupture Of Glissons Capsule With Intra Peritoneal Heamorrhage As Seen Our Patient. Usg Abdomen Is Quickest Means Of Diagnosis Although Ct Abdomen Is More Sensitive. Mri Is An Alternative Option Used In A Less Urgent Situation. The Management Is Contained Hematoma Is To Support The Patient, With Surgery Reserved For Those Who Are Hemodynamiclly Unstable Or Documented Expansion Of Hematoma. Various Surgical Treatment S Have Been Described, Depending On The Severity Of Rupture. Surgical Treatment Can Encompass Packing Off The Bleeding Surface With Absorbable Gelatine Sponge And Resection, Hepatic Artery Ligation. When The Bleeding Cant't Be Contained And Acute Liver Failur Occurs, Liver Transplanatation Has Beeen Reported. Organ Beam Coagulation For Treatmen T Of Hepatic Rupture Due To Hellp Syndrome. Recombinant Actor Vii A Has Been Used With Success To Help Control Bleeding In Hellp Syndrome.

CONCLUSION

Liver Rupture Is A Rare Life Threatening Condition And Should Be Suspected In Signs Of Clinical Symptoms. Vigilant Monitoring Of These Patients With Pre Eclampsia By Advanced Imaging Techniques In Pre And Post Parting Period Is Mandatory. If These Patients Vital Signs Are Unstable, Surgical Management Should Be The First Choice Of Treatment.

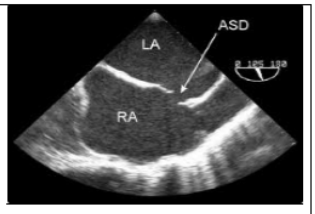
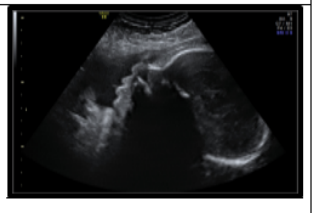
2D ECHO – DILATED RA & RV MILD TR, NO PAH GOOD LV FUNCTION EF – 65% , NO CLOTS & VEGETATIONS	
USG ABDOMEN : SINGLE LIVE FETUS 35 WEEKS OF GESTATION. SEVERE OLIGOHYDOMNIOS AFI 3-4CM	

FIG - 1

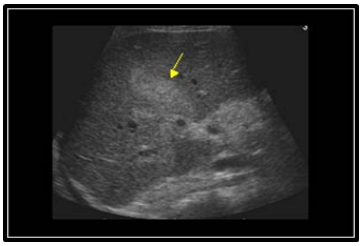


FIG-2 USG ABDOMEN

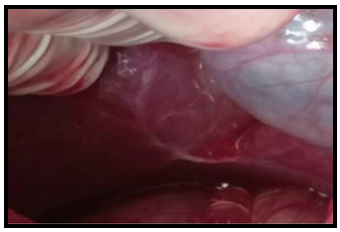


FIG – 3 LAPROTOMY VIEW

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