

## CASE REPORT

# LIFE-THREATENING HAEMATURIA SUCCESSFULLY MANAGED BY BILATERAL INTERNAL ILIAC ARTERY LIGATION

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## CASE REPORT

A 21-year-old female, with a past history of Caesarean section, was admitted complaining of massive gross haematuria. Her pulse was 84, blood pressure 110/70. Abdominal examination revealed a gravid uterus of about 32 weeks, and a scar of the previous Caesarean section. The results of the vaginal examination were normal. Haemoglobin was 6.9 gm/dl, creatinine 0.7mg/dl and prothrombin 94%. The number of blood platelets was 129,000/ml, and bleeding and clotting times were normal.

Abdominal ultrasound revealed a normal left kidney and a moderate back-pressure of the right kidney; it detected a single viable foetus and a normal placenta. MRI revealed a 34-week gravid uterus, containing a single child in normal position and with normal features (Figure 1). MRA revealed bilateral single renal arteries and no vascular anomalies in the renal vasculature (Figure 2).

After conservative management in the form of continuous bladder irrigation using a 1% solution of Aluminium hydroxide (Alum) and four units of blood transfusion, the patient developed a severe attack of haematuria. The blood pressure dropped to 70/30, while the haemoglobin values reached 4.9 gm/dl. On cystoscopy diffuse haemorrhagic spots were seen. No definite source of bleeding could be detected and the ureteric orifices were visualized draining clear urine. Endoscopic cauterization failed, and a decision of ligating both internal iliac arteries was made. An emergency Caesarean section was carried out and double-ligation of both internal iliac



Fig. 1: MRI image showing a 34-week gravid uterus containing a single child in normal position and with normal features

arteries was done. A living female foetus was delivered. The mother had clear urine immediately after the operation. The mother was discharged on the fifth postoperative day, her baby was discharged from the paediatric hospital 14 days later. Two weeks after the Caesarean section haemoglobin was 11.3 gm/dl, and the urine analysis was normal.

## DISCUSSION

To our knowledge, there are few reports in the literature on haematuria in pregnancy. Abbas et al.<sup>1</sup> reported on two patients with placenta percreta with invasion of the bladder wall by placental tissue. Ultrasound detected placenta previa in both, with evidence of bladder penetration in one. Gopalakrishnan et al. reported on a 29-year-old pregnant woman with an arterio-venous malformation resulting in severe haematuria, diagnosed on renal angiography and treated by nephrectomy<sup>2</sup>, while Fakhoury et al. described two cases of haemorrhagic cystitis that were managed by antibiotics and bladder irrigation<sup>3</sup>.

## REFERENCES

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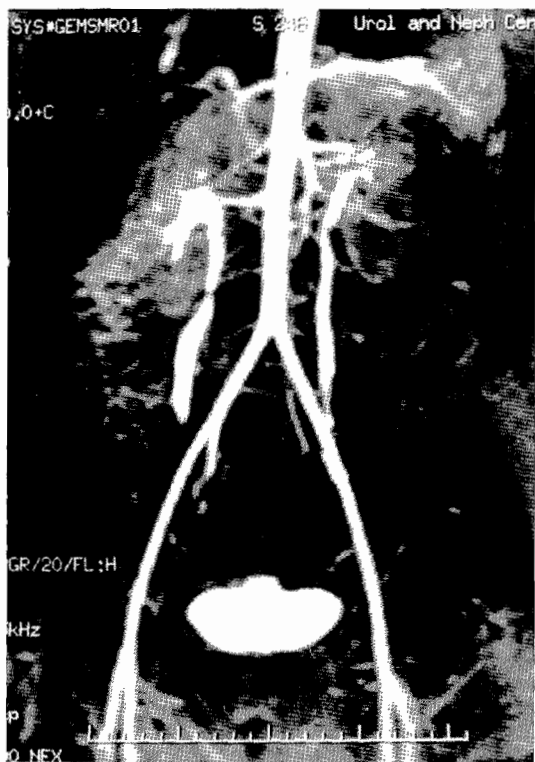


Fig. 2: MRA showing bilateral single renal arteries and no vascular anomalies in the renal vasculature

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