



Images in clinical medicine



Acute giant post-coital vulvar hematoma

 Nesrine Souayeh,  Hajer Bettaieb

Corresponding author: Nesrine Souayeh, Department of Obstetrics and Gynecology, Faculty of Medicine of Tunis, University of Tunis Elmanar, Ben Arous Hospital, Tunis, Tunisia. nesrine.souayeh@fmt.utm.tn

Received: 22 Jul 2023 - **Accepted:** 07 Oct 2023 - **Published:** 26 Nov 2023

Keywords: Acute, giant, post-coital, vulvar haematoma

Copyright: Nesrine Souayeh et al. PAMJ Clinical Medicine (ISSN: 2707-2797). This is an Open Access article distributed under the terms of the Creative Commons Attribution International 4.0 License (<https://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

Cite this article: Nesrine Souayeh et al. Acute giant post-coital vulvar hematoma. PAMJ Clinical Medicine. 2023;13(29). 10.11604/pamj-cm.2023.13.29.41154

Available online at: <https://www.clinical-medicine.panafrican-med-journal.com/content/article/13/29/full>

Acute giant post-coital vulvar hematoma

Nesrine Souayeh^{1,&}, Hajer Bettaieb¹

¹Department of Obstetrics and Gynecology, Faculty of Medicine of Tunis, University of Tunis Elmanar, Ben Arous Hospital, Tunis, Tunisia

&Corresponding author

Nesrine Souayeh, Department of Obstetrics and Gynecology, Faculty of Medicine of Tunis, University of Tunis Elmanar, Ben Arous Hospital, Tunis, Tunisia

Image in medicine

A 26-year-old gravida 2 para 2 with no medical history, presented for vulvar mass and pain occurring after vaginal intercourse. General examination found a 90 beats/min heart rate and 100/60 mmHg blood pressure. On inspection, we noted the presence of a perineal mass measuring 15 x 10 cm in a long axis, firm to palpation, taking the entire right labia majora and labia minora and extending to the lower two-thirds of the vagina. Cervix and vaginal walls examination showed no lacerations nor active bleeding. Hemoglobin was 11.6 g/dL, and platelet and coagulation parameters were normal. The hematoma was evacuated under locoregional anesthesia by nympho-hymeneal incision and irrigated with saline solution. Hemostatic sutures and electrocoagulation stopped the bleeding. The

remaining cavity was partially closed up leaving a passive drain. Post-operative follow-up was uncomplicated, and the patient was discharged two days later under antibiotics and anti-

inflammatory treatment. Clinical follow-up showed complete wound healing after two weeks with no residual dyspareunia.

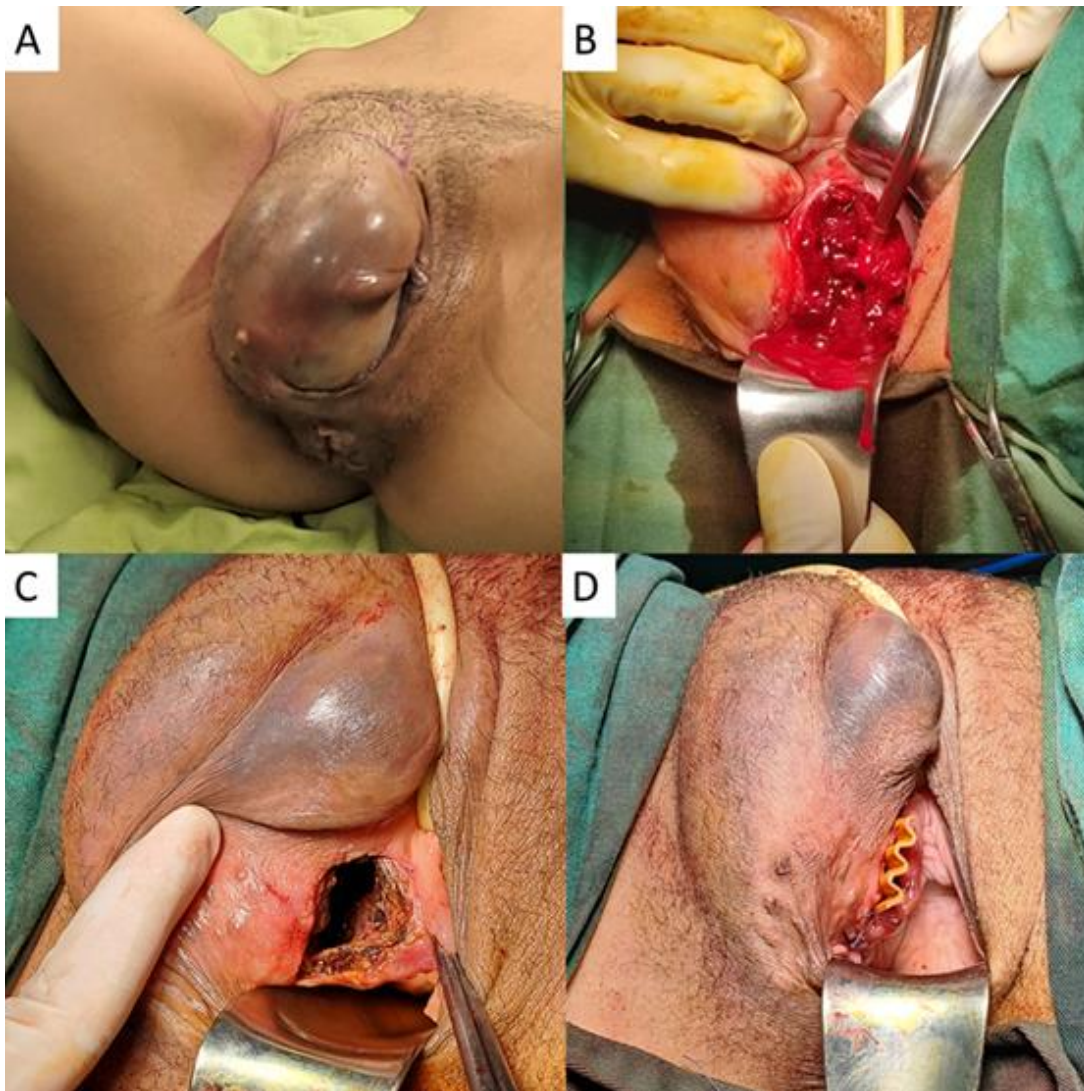


Figure 1: A) pre-operative aspect of vulvar hematoma; B) per operative aspect of vulvar hematoma: evacuation of the hematoma via a nympho-hymeneal incision; C) post-operative aspect of vulvar hematoma: remaining cavity after bleeding control; D) post-operative aspect of vulvar hematoma: final aspect