

Images in clinical medicine



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Immediate vulvovaginal hematoma of the post-partum

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Image in medicine

Perigenital hematoma a rare cause of postpartum hemorrhage. It corresponds to the detachment of the paravaginal, paracervical or parametrial connective tissue by vascular lesions generally due to direct trauma during childbirth. We report a case of a 19-year-old female patient who presented painful swelling of the vulva after vaginal delivery. The examination found a patient with a pale face and stable vital constants. Inspection of the vulva reveals a purplish-pink swelling of the right hemivulva of 20/14 cm (A), reaching the inguinal fold, the large gluteal fold in the mount of venus by compressing the left lip inside and the vaginal orifice. The deep vaginal examination showed an extension of the

hematoma to the right lateral wall of the vagina and two tears (at the lateral cul de sac and 2 cm from the vestibular bulb). The management was surgical and medical by hemostatic sutures after evacuation of a 700ml hematoma and we repaired the episiotomy. The patient was given antibiotics and local antiseptic. No recurrence was noticed in the post-partum. Each perigenital hematoma is unique and the management is guided by clinical

common sense. No need to intervene on vulvar hematoma of 3 cm whose size is stable and without maternal repercussions. Some offer simple monitoring for hematomas < 5 cm or 8 cm. Active treatment is essential for vulvar hematomas > 10 cm. Evacuation of a stable hematoma increases the risk of recurrent bleeding. Its treatment is nowadays based on surgery and/or arterial embolization



Figure 1: vulvovaginal hematoma of the post-partum