

Massive recurrent hemoperitoneum with encapsulating peritonitis: another enigmatic clinical feature of endometriosis

Alejandro Gonzalez, M.D., Ph.D.,^a Santiago Artazcoz, M.D.,^a Francisco Elorriaga, M.D.,^a Hannah Palin, M.D.,^b and Jose Carugno, M.D.^b

^a Department of Obstetrics and Gynecology, Hospital Naval Pedro Mallo, Buenos Aires, Argentina; ^b Department of Obstetrics and Gynecology, Miller School of Medicine, University of Miami, Miami, Florida

Objective: To describe the clinical characteristics and laparoscopic findings of a very uncommon presentation of a patient with endometriosis.

Design: Video presentation of case report (Canadian Task Force classification III). (The institutional review board of the Hospital Naval Pedro Mallo, Buenos Aires, Argentina, has ruled that approval was not required for the publication of this case report.)

Setting: Hospital.

Patient(s): Thirty-two-year-old woman with endometriosis presenting with hemorrhagic ascites.

Intervention(s): We demonstrate the laparoscopic appearance of the peritoneal organs in the presence of massive hemoperitoneum and encapsulating peritonitis and also describe the diagnosis and management options of an uncommon clinical presentation of endometriosis. The patient is a 32-year-old woman, gravida 0, who presented with abdominal pain and ascites. Initially, she underwent exploratory laparotomy with drainage of 5 liters of ascites and excision of endometrial peritoneal implants. She then presented 4 months later with sudden worsening abdominal pain and distention, weight gain, bloating, and shortness of breath. A diagnostic laparoscopy was performed with the findings of over 10 liters of dark hemoperitoneum and diffuse pelviperitonitis with loose necrotic, easy to remove, dense peritoneal tissue. Patient was started on triptorelin acetate with great response.

Main Outcome Measure(s): Resolution of the symptomatology secondary to hemorrhagic peritonitis.

Result(s): Clinical improvement of symptomatology of a patient with endometriosis and hemorrhagic ascites.

Conclusion(s): Endometriosis can have different clinical presentations. Endometriosis should be a differential diagnosis in women of reproductive age presenting with massive hemorrhagic ascites. Hemorrhagic ascites, considered an exceedingly rare clinical course of endometriosis, represents a challenge to the surgeon who is unfamiliar with this condition. Bilateral oophorectomy is the definitive treatment, but conservative therapy is indicated for women of childbearing age. Diagnostic laparoscopy with drainage of hemoperitoneum is a feasible option to obtain a pathology-confirmed diagnosis in patients presenting with hemoperitoneum secondary to pelvic endometriosis. Awareness of this condition will prevent unnecessary aggressive resection, as is commonly performed when the condition is confused with ovarian cancer. (Fertil Steril® 2019;112:1190-2. ©2019 by American Society for Reproductive Medicine.)
El resumen está disponible en Español al final del artículo.

Key Words: Ascites, endometriosis, hemoperitoneum, pelvic pain

Discuss: You can discuss this article with its authors and other readers at <https://www.fertstertdialog.com/users/16110-fertility-and-sterility/posts/51592-27885>



Use your smartphone to scan this QR code and connect to the video for this article now.*

* Download a free QR code scanner by searching for "QR scanner" in your smartphone's app store or app marketplace.

Received March 3, 2019; revised June 8, 2019; accepted July 25, 2019.

A.G. has nothing to disclose. S.A. has nothing to disclose. F.E. has nothing to disclose. H.P. has nothing to disclose. J.C. has nothing to disclose.

Reprint requests: Jose Carugno, M.D., 13721 NW 13th Street, Pembroke Pines, Florida 33028 (E-mail: jac209@med.miami.edu).

Fertility and Sterility® Vol. 112, No. 6, December 2019 0015-0282/\$36.00

Copyright ©2019 American Society for Reproductive Medicine, Published by Elsevier Inc.

<https://doi.org/10.1016/j.fertnstert.2019.07.1398>

AVAILABLE ON YOUTUBE

https://youtu.be/nEuBl3_EB0k

SUGGESTED READING

1. Practice bulletin no. 114: management of endometriosis. *Obstet Gynecol* 2010;116:223–36.
2. Falcone T, Flyckt R. Clinical management of endometriosis. *Obstet Gynecol* 2018;131:557–71.
3. Morgan TL, Tomich EB, Heiner JD. Endometriosis presenting with hemorrhagic ascites, severe anemia, and shock. *Am J Emerg Med* 2013;31:272.e1–3.
4. Asano R, Nakazawa T, Hirahara F, Sakakibara H. Dienogest was effective in treating hemorrhagic ascites caused by endometriosis: a case report. *J Minim Invasive Gynecol* 2014;21:1110–2.
5. Ussia A, Betsas G, Corona R, De Cicco C, Koninckx PR. Pathophysiology of cyclic hemorrhagic ascites and endometriosis. *J Minim Invasive Gynecol* 2008;15:677–81.

Hemoperitoneo masivo recurrente con peritonitis encapsulante: otra enigmática característica clínica de la endometriosis

Objetivo: describir las características clínicas y los hallazgos laparoscópicos de una presentación poco común en una paciente de endometriosis.

Diseño: Presentación en video de un caso (Canadian Task Force clasificación III). El comité ético del Hospital Naval Pedro Mallo, Buenos Aires, Argentina, ha permitido que no se requiera la aprobación para la publicación de este caso.

Ubicación: Hospital.

Paciente(s): Una mujer de 32 años con endometriosis que presenta ascitis hemorrágica.

Intervención(es): Nosotros demostramos la apariencia laparoscópica de los órganos con presencia de hemoperitoneo masivo y de peritonitis encapsulante y también describimos el diagnóstico y las opciones de gestión para una presentación clínica poco común de endometriosis. La paciente es una mujer de 32 años, sin embarazos que presentó dolor abdominal y ascitis. Inicialmente se le realizó una laparotomía exploratoria con drenaje de 5 litros de ascitis y escisión de implantes endometriales peritoneales. Entonces ella se presentó cuatro meses después con un repentino dolor abdominal y distensión, ganancia de peso, hinchazón y dificultad respiratoria. Se le realizó una laparoscopia diagnóstica con los hallazgos de 10 litros de hemoperitoneo oscuro y pelviperitonitis difusa con tejido peritoneal suelto, denso, necrótico y fácil de quitar. La paciente había empezado con acetato de triptorelina con buena respuesta.

Principal(es) medida(s) de resultado(s): Resolución de la sintomatología secundaria a peritonitis hemorrágica.

Resultados(s): La mejora clínica de la sintomatología de la paciente con endometriosis y ascitis hemorrágica.

Conclusión(es): La endometriosis puede tener diferentes presentaciones clínicas. La endometriosis debería tener un diagnóstico diferencial en mujeres en edad reproductiva que presentan ascitis hemorrágica masiva. La ascitis hemorrágica, considerada un curso clínico extremadamente raro en la endometriosis, representa un desafío para el cirujano que no está familiarizado con esta afección. La ooforectomía bilateral es el tratamiento definitivo, pero una terapia conservadora es la recomendada para mujeres en edad reproductiva. La laparoscopia diagnóstica con drenaje del hemoperitoneo es una opción factible para obtener un diagnóstico de patología confirmado en pacientes que presentan hemoperitoneo secundario a endometriosis pélvica. El conocimiento de esta condición evitará una resección agresiva innecesaria, como se realiza comúnmente cuando la condición se confunde con el cáncer de ovario.