

# Non-puerperal vulval haematoma

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*Summary:* A case of non-puerperal vulval haematoma has been presented. The aetiology and surgical management plan of this uncommon condition has been discussed.

## CASE REPORT

A 25 year old nulliparous woman was admitted as an emergency with a history of pain and swelling of the right labial region. There was no obvious history of trauma. She stated that two hours after she finished cycling, she developed pain and swelling in the right labial region which gradually increased in size. Physical examination revealed a very tender 10 cm × 8 cm haematoma involving the right labia majora and minora. The introitus was occluded. There was no abrasion of the skin or physical sign of external trauma. The patient was menstrual. She had slightly raised white blood count  $12.5 \times 10^9/l$ , and a marginal low platelet count ( $172 \times 10^9/l$ ). The haemoglobin was 12.5 gm/dl.

The treatment consisted of incision and drainage of the haematoma; approximately 100 cc of clotted blood was removed. A corrugated drain was left in the wound. The patient was given Mefenamic acid and Chymotrypsin (Chymoral).

The drain was removed the following day. Forty-eight hours after admission, when she was discharged she had minimal symptoms. Although the labia appeared bruised, there was little swelling.

## DISCUSSION

Non-puerperal vulval haematoma is an uncommon condition. According to Ver-mesh *et al.*, 1984, fewer than 100 cases of traumatic non-puerperal vulval haematoma have been reported in world literature.

The most common aetiology of non-puerperal vulval haematoma is blunt trauma which is caused by straddle type injury, such as bicycle riding, cross country ski-ing, riding a go-cart and mechanical bull (Naumann R.O. *et al.*, 1982) over vigorous coitus and physical assault (Hudock J. J. *et al.*, 1985) or fall against a sharp object. A vulval haematoma secondary to a human bite during orogenital sex has been described by Mathelier A. C., 1987, spontaneous haematoma of the vulva may occur during pregnancy as a result of ruptured vulval varices or haemangioma (Naumann *et al.*, 1982).

The case described here is unusual as there was no obvious history or physical sign of trauma and the pain and haematoma developed two hours after the patient had finished riding a bicycle. In cases presented by other Authors there was

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definite history of trauma and pain/haematoma developed immediately after trauma.

There is no agreed policy for the treatment of non-puerperal vulval haematoma as this is rare and no one person has had much experience of the problem. Some treat conservatively with rest, application of an ice pack to the site of the injury, a compression bandage, elevation of the hip using a pillow, and analgesic. Cold acts as a local analgesic and by producing local

be the preferred management in terms of morbidity, duration of hospitalisation, need for transfusion, catheterisation, antibiotics and repeated admission. The reason for readmission and the need for delayed operative interventions in patients treated conservatively could be explained as due to phenomenon of chronic expanding haematoma, a rare complication of blunt injury. The blood and its breakdown products result in repeated bleeding or exudation from capillaries in the gra-

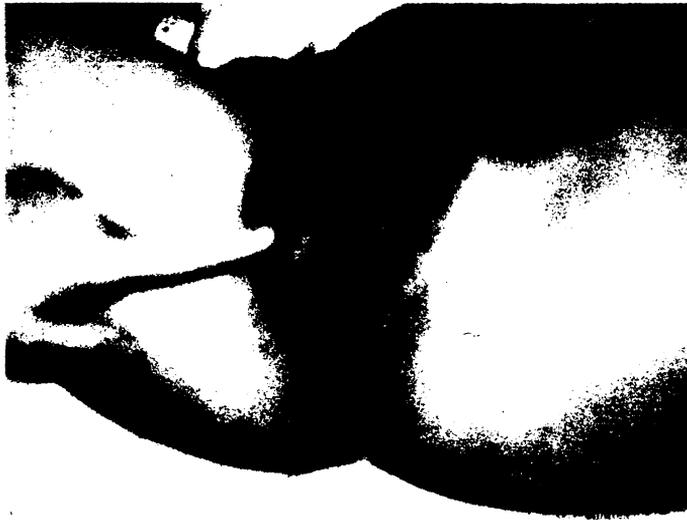


Fig. 1.

hypothermia decreases blood flow to the area. Others treat the condition operatively by incision and drainage and use of analgesic. The literature suggests that in the past most Authors have treated the condition conservatively. There is risk of infection with surgical intervention which might prove disabling for the patient, but from review of papers presented by Hudock *et al.*, 1955, Naumann *et al.*, 1982, Vermesh *et al.*, 1984 and Benrubi *et al.*, 1987, and the personal experience of the above case the incision and drainage would

nulation tissue (Reid J.D. *et al.*, 1980). This phenomenon could be avoided by early surgical intervention.

#### CONCLUSION

Non-puerperal vulvular haematoma is uncommon. The usual aetiology is blunt injury. Apart from small localised haematoma any generalised haematoma which involves the labia majora and minora should be treated aggressively by incision and drainage.

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