

# Large labial haematoma needing surgical intervention

Amy P Worrall , Eve Gaughan, Michael PP Geary 

Department of Obstetrics and Gynaecology, Rotunda Hospital, Dublin 1, Dublin, Ireland

**Correspondence to**  
Dr Amy P Worrall;  
worrallap@tcd.ie

Accepted 10 October 2021

## DESCRIPTION

An 18-year-old woman presented to the emergency room in a tertiary maternity hospital with severe vulval pain and an inability to pass urine. Examination of her external genitalia revealed a large swollen right vulval haematoma ([figure 1](#)). She reported the symptoms had been present for 3 days following a collision on a push-bicycle, where the handle bars of the bicycle collided directly with her external genitalia. There was extreme pain associated with movement, micturition and defecation. She had no difficulty weight-bearing, and had normal lower-limb musculoskeletal function and range of motion, within the limitations of the severe pain from the labial haematoma.

Physical examination was notable for a primarily right-sided distended vulva, with overt ecchymoses and purpural discoloration ([figure 1](#)). The inferior portion of the swollen right vulvar tissue was grossly oedematous with an area tearing apart and bleeding (white arrow). The abdomen was soft, with a palpable bladder. Using topical lignocaine and inhaled nitrous oxide for analgesia a urinary catheter was placed, which drained 1 L of clear urine. Analgesia administered included intravenous paracetamol, intravenous dexketoprofen and intravenous morphine.

The patient was taken to theatre for examination under anaesthesia; a large labial wall defect on the inferior border of the swelling was found and no incision was necessary. A significant amount of organised haematoma was removed by manual evacuation. The haematoma was solidified and appeared to have self-limited with a tamponade effect. It did not extend into the vaginal wall, and the cavity was extensively washed out with and packed with a povidone–iodine wick. Given the 3-day delay in presentation to our services, and the tamponade effect no specific artery or bleeding source was identified. The patient recovered well postoperatively with no urinary complications and minimal analgesic requirements, and on 3-month follow-up had recovered with no further concerns.

Vulval injuries of this nature are most often seen postnatally in women following childbirth, in particular following operative vaginal deliveries (eg, ventouse and forceps deliveries).<sup>1 2</sup> Other causes include trauma, forceful intercourse, sexual abuse, injection into genital vessels and saddle injuries, as in this case relating to certain sporting activities (cycling, horse riding etc).<sup>3–5</sup> Most labial and vulval injuries can be managed with conservative measures, though on occasion



**Figure 1** Vulval haematoma. Inferior tear in tissue actively bleeding from oedematous vulval tissue (white arrow).

## Learning points

- ▶ Labial and vulval injuries are most commonly seen in obstetrics, or following gynaecological or cosmetic surgery, but non-obstetric causes include trauma, saddle injuries, sexual abuse, forceful intercourse or injection into genital vessels.
- ▶ These vulval injuries tend to present to emergency medicine and family medicine colleagues before referral for obstetric or gynaecological input.
- ▶ Most vulval injuries can be managed conservatively, however some require surgical intervention.

require surgical intervention if functional impairments arise (micturition, defecation), or if there is acute haematoma expansion.<sup>6</sup>

**Contributors** APW acquired and analysed clinical information. EG operated on the patient. All authors were involved in patient care and contributed to the conception, drafting, review and revision of the manuscript. EG and MPPG had final approval of the manuscript submitted.

**Funding** The authors have not declared a specific grant for this research from any funding agency in the public, commercial or not-for-profit sectors.

**Competing interests** None declared.



© BMJ Publishing Group Limited 2021. No commercial re-use. See rights and permissions. Published by BMJ.

**To cite:** Worrall AP, Gaughan E, Geary MPP. *BMJ Case Rep* 2021;**14**:e247066. doi:10.1136/bcr-2021-247066

**Patient consent for publication** Consent obtained directly from patient(s).

**Provenance and peer review** Not commissioned; externally peer reviewed.

### ORCID iDs

Amy P Worrall <http://orcid.org/0000-0002-7417-1844>

Michael PP Geary <http://orcid.org/0000-0002-7387-3385>

### REFERENCES

- 1 Saleem Z, Rydhström H. Vaginal hematoma during parturition: a population-based study. *Acta Obstet Gynecol Scand* 2004;83:560–2.
- 2 Leaf M-C, Schmidt L, Serna-Gallegos T, *et al.* A ruptured vulvar labial artery pseudoaneurysm causes a secondary postpartum hemorrhage: a case report. *Case Rep Womens Health* 2020;26:e00184.
- 3 Jones ISC, O'Connor A. Non-obstetric vulvar trauma. *Emerg Med Australas* 2013;25:36–9.
- 4 Yadav GS, Marashi A. Evacuation of a large traumatic vulvar haematoma with an intravaginal cosmetic approach. *BMJ Case Rep* 2019;12:e228535.
- 5 Oong GC, Eruo FU. *Vulvar hematoma*. StatPearls [Internet]., 2020 Aug 16.
- 6 Propst AM, Thorp JM. Traumatic vulvar hematomas: conservative versus surgical management. *South Med J* 1998;91:144–6.

Copyright 2021 BMJ Publishing Group. All rights reserved. For permission to reuse any of this content visit <https://www.bmj.com/company/products-services/rights-and-licensing/permissions/>  
BMJ Case Report Fellows may re-use this article for personal use and teaching without any further permission.

Become a Fellow of BMJ Case Reports today and you can:

- ▶ Submit as many cases as you like
- ▶ Enjoy fast sympathetic peer review and rapid publication of accepted articles
- ▶ Access all the published articles
- ▶ Re-use any of the published material for personal use and teaching without further permission

### Customer Service

If you have any further queries about your subscription, please contact our customer services team on +44 (0) 207111 1105 or via email at [support@bmj.com](mailto:support@bmj.com).

Visit [casereports.bmj.com](http://casereports.bmj.com) for more articles like this and to become a Fellow