

# Post-Coital Massive Vulvar Hematoma: A Case Report And Review Of The Literature.

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**Abstract :** *Non-obstetrical vulvar hematoma is rare but potentially serious. The authors report the case of a massive vulvar haematoma in a 27-year-old girl following consensual sexual intercourse, with an ongoing pregnancy of 31 weeks of amenorrhea. This case also highlights the effectiveness of conservative treatment of large vulvar haematomas.*

**Keywords:** Vulvar hematoma, postcoital, conservative treatment.

## INTRODUCTION

Non-obstetrical vulvar hematoma is rare. Coitus is one of the main causes [1]. Diagnosis is straightforward is straightforward, and treatment is generally surgical. includes a significant psychological component given the emotional embarrassment that this hematoma generates. We present the case of a voluminous right vulvar hematoma, in a 27-year-old patient with no pathological history of note, carrying a progressive pregnancy of 31 weeks' amenorrhea. secondary to coitus.

## OBSERVATION

Our 27-year-old patient, who is consulting for a painful painful vulvar swelling that had been present for 24 hours. She had had coitus with her husband two days before, which was described as ordinary consensual sex. Vaginal touching was impossible because of the pain. Urinary tract examination was normal, The anal margin was normal, its sphincter tonic. The The rest of the examination was unremarkable. Biological was normal.

Obstetrical ultrasound showed a healthy fetus with normal amniotic fluid. A pelvic MRI showed a hematoma of the right greater lip with no underlying lesions. The initial management was conservative administration of analgesics ice packs were applied to the vulvar lesion. marked 24 hours after admission by a reduction in pain The patient was discharged on painkillers with complete regression of the hematoma after one week.



**Figure 1:** large right lip hematoma

## DISCUSSION

Traumatic injuries of the female genital tract account for almost 0.8% of admissions to gynaecology departments 40% of which are related to post-coital injury [2]. For non-obstetric injuries to the genital tract following an accident or consensual sexual intercourse 32.7% of patients present post-coital lesions. coital lesions [3]. Lesions in the vestibule and lower vagina vagina are linked to coitus [1]. Dorsal recumbency with hyperflexion of the thighs of the thighs is a position known to be damaging for the vulva. [4,5-7]. In fact, the rich vulvar vascular network network can easily be damaged by ballistic impact which crushes the soft tissues against the bony against the bony planes of the pelvis [2], particularly if the compression is prolonged, as is the case with innovative innovative but dangerous sexual practices imported into the young environment. Our patient presented with excruciating pain, requiring second-tier analgesic. This physical embarrassment was coupled with an emotional embarrassment emotional embarrassment, as is often the case with lesions intimate parts [8]. It also explains the delay in seeking medical attention. The patient did not seek medical assistance 24 hours after the onset of symptoms. symptomatology. This observation had also been by Sloin [9]. [10].

Because of the pain, we successfully successfully opted to place ice packs on the haematoma, but the hematoma, but the increased pain and volume of the and increased volume of the haematoma subsequently indicated surgical treatment. This was a massive haematoma that was finally treated by conservative treatment. Hemorrhagic complications related to hemostasis are not uncommon. They can lead to progressive progressive expansion and dehiscence of the hematoma. In this case, selective embolization of the pudendal of the pudendal artery and inferior gluteal artery is generally an effective second-line treatment [11].

## CONCLUSION

Large post-coital vulvar haematomas are rare. It can be be diagnosed in pregnant women of non-traditional sexual practices sexual practices. Its conservative or surgical management surgical management. It includes an important psychological component.

## CONFLICT OF INTEREST

the authors declare no conflict of interest

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