



Endometrioma Complicated by a Rare Bleeding Disorder Mimicking Ovarian Cancer

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Abstract

Background: Hemophilia A is exceedingly rare in females. Reported here is a case of hemoperitoneum secondary to an endometrioma, which mimicked ovarian cancer on imaging.

Case: A 39 year old with a known complex adnexal mass and a vague history of hemophilia presented with abdominal pain. Imaging was suspicious for ovarian cancer. The patient was discharged with a plan for elective surgery. She represented 2 days later with a massive hemoperitoneum and coagulopathy. Emergent laparotomy with salpingo-oophorectomy for an endometrioma resolved the problem. Subsequent review of records confirmed hemophilia A.

Conclusion: A rare bleeding disorder may be associated with hemoperitoneum in a woman with a hemorrhagic ovarian tumor. The rarity of the condition may lead to initial confusion regarding the correct diagnosis.



Figure 1: Computerized tomographic imaging was interpreted as ascites with a complex pelvic mass suspicious for ovarian cancer.

Teaching Points

- Although exceedingly rare, hemophilia A does occur in females.
- Hemophilia A in a female may be associated with significant hemorrhage from a hemorrhagic ovarian tumor.
- The diagnosis of ovarian hemorrhage in a patient with hemophilia A may initially be difficult to arrive at, in part due to the rarity of the condition.

Introduction

Hemophilia A is a congenital X-linked recessive bleeding disorder due to factor VIII deficiency. It is exceedingly rare in females. The association of the most common bleeding disorder (Von Willebrand Disease) and hemoperitoneum secondary to a hemorrhagic corpus luteum is well known [1]. Most women with Hemophilia A are asymptomatic but scattered moderate and severe cases have been described [2]. In addition, there have been isolated reports of bleeding disorders associated with endometriosis [3]. Described here

is what we believe to be the first case of hemoperitoneum secondary to an endometrioma associated with Hemophilia A.

Case

A 39 year old woman who was followed for several months with a benign appearing complex adnexal mass presented to the emergency department with abdominal pain. She gave a vague history of hemophilia with “easy bleeding” and one uneventful vaginal delivery. The hemoglobin level was 8.8 g/dl. CT scan was interpreted as ascites and a complex 7 cm pelvic mass (Figure 1). The patient was transferred to Holmes Regional Medical Center, seen by gynecologic oncology and discharged home with a plan to be booked for elective surgery. Two days later the patient presented with pain, a dramatic increase in the amount of peritoneal fluid seen on imaging, and hemoglobin of 4.5 g/dl. INR on admission was 4.9, dropping to 1.1 after 1 unit of fresh frozen plasma, 1 unit of prothrombin complex concentrate and 3 units of blood. Emergency laparotomy revealed a hemoperitoneum of approximately 2500 cc and a right ovarian endometrioma, which was removed. Recovery was uncomplicated. Subsequent review of hematology records confirmed a diagnosis of Hemophilia A. Genetic testing has not been performed to date.

Citation: Hoffman M, Daly O, Bomalaski J (2016) Endometrioma Complicated by a Rare Bleeding Disorder Mimicking Ovarian Cancer. Clin Med Rev Case Rep 3:101

Received: March 14, 2016; **Accepted:** April 16, 2016; **Published:** April 18, 2016

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Discussion

The rarity of Hemophilia A in a female and the insidious presentation of this case led to concern for possible ovarian cancer. In retrospect, consideration should have been given to hemorrhage from a benign tumor, which may have prevented acute massive hemoperitoneum. In women with a bleeding disorder, a functioning ovary and apparent free peritoneal fluid, consideration should be given to hemoperitoneum.

Precise

A woman with hemophilia A and suspicious imaging ultimately developed massive hemoperitoneum secondary to an endometrioma.

References

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