



## P132. VULVAR HEMATOMA IN PUERPERA WITH VON WILLEBRAND'S DISEASE OF A MATERNITY IN AMAZON REGION.

SIMÕES M R (BR) [1], RAMALHO A R (BR) [2], CORREA M F (BR) [3], LAMEGO G S (BR) [4], DE LIMA FILHO J A (BR) [5], LAMEGO L S (BR) [6]

**INTRODUCTION:** Vulvar hematoma is developed after birth with an incidence of 300/1000 births, the risk factors are episiotomy, nulliparity, delivery to forceps, vascular lesion without laceration of the birth canal and coagulopathies. They are classified as vulvar, vulvovaginal, paravaginal, retroperitoneal.

**OBJECTIVES:** To report a case of vulvar hematoma in puerperal patients with Von Willebrandt's disease treated at the Mãe Esperança Municipal Maternity Hospital (MMME) and to review literature on this subject.

**METHODOLOGY:** This work uses a bibliographical research reference, in order to seek information and report the case of vulvar hematoma in a puerperal patient with von Willebrandt 's disease attended at MMME Porto Velho - RO.

**CASE REPORT:** Patient, from the old port, admitted to the MMME on 05/23/16, with contractions and loss of the mucosal buffer. G2P0A1 IG 40S3D (USG 30S). Obstetric examination AU: 36cm BCF: 150 bpm DU: + TV: lap off, patent for 9cm. 09: 55 e euthymic delivery, with removal of live birth weight, weighing 3230 g, complete placenta deceleration, laceration of the grade II birth canal with need for raffia. Review of the birth canal and control of hemostasis. 24/05 05: 30h patient evolved with pain and important edema in vulvar region, raffia of whole birth canal, vaginal bleeding, was referred to the surgical center on 05/24 07: 20h requested hemogram, performed hematoma drainage, with Removal of clots, revision of hemostasis and synthesis of the vaginal wall. 24/05 at 6pm: persistence of edema with pain, evolving with tachycardia PA 100x60 bladder distended, anuria and discreet bleeding. At 9:30 pm Extensive vulvar hematoma on the left. Loosening of some points and tension of others of the 1st drainage. Hematoma incision with visualization of clots. Removal of clots, control of vessels with hemostatic points. Approximation of the vulvo-perineal musculature. In the intraoperative period, a transfusion of 2 red blood cells was performed. A bladder catheter was performed and a post-transfusional blood count and complete coagulation examination were performed. The patient was diagnosed with Von Willebrand disease and hemoglobin of 6.4. She was transfused with 3 red blood cells. The next day patient evolved with vulvar edema in regression absence of bleeding spontaneous diuresis. Patient was discharged on 05/26 in good general condition HB 8.6, hematoma and vulvar edema in absence of pain and intact perineum regression.

[1] HOSPITAL DE BASE ARY PINHEIRO, [2] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [3] HOSPITAL DE BASE ARY PINHEIRO, [4] UNIDADE DE SAUDE DA FAMILIA MONACO DE CAMPO BOM, [5] MATERNIDADE MUNICIPAL MÃE ESPERANÇA, [6] BASE AEREA DE PORTO VELHO - BAPV