Av malformation uterus radiopaedia

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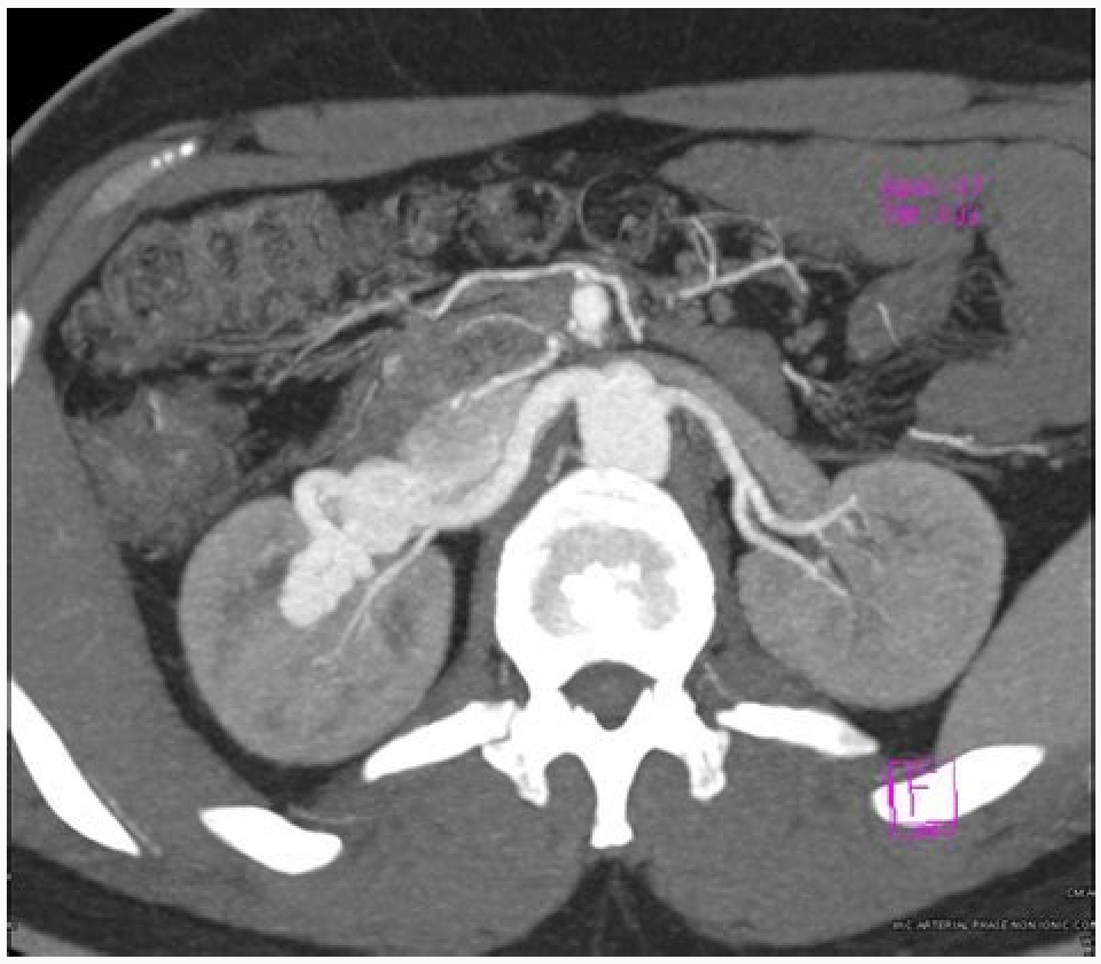

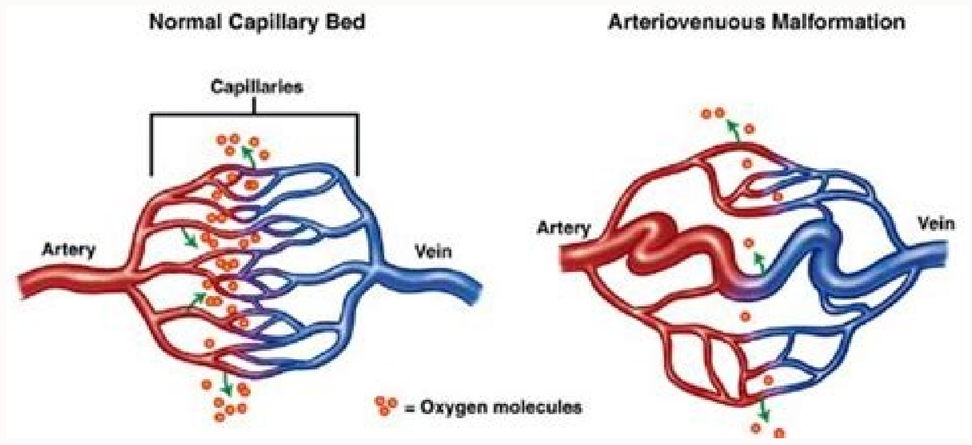

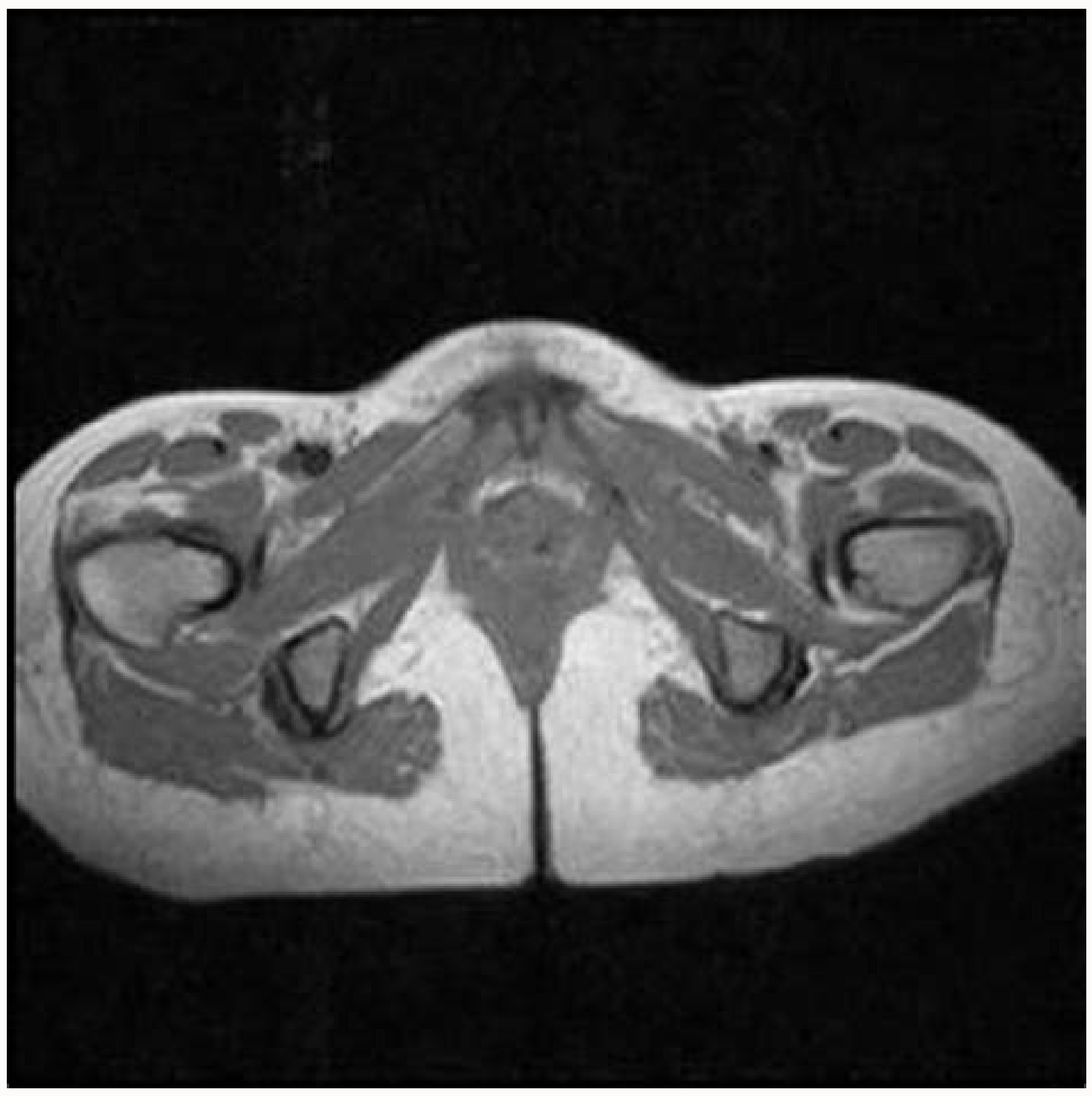

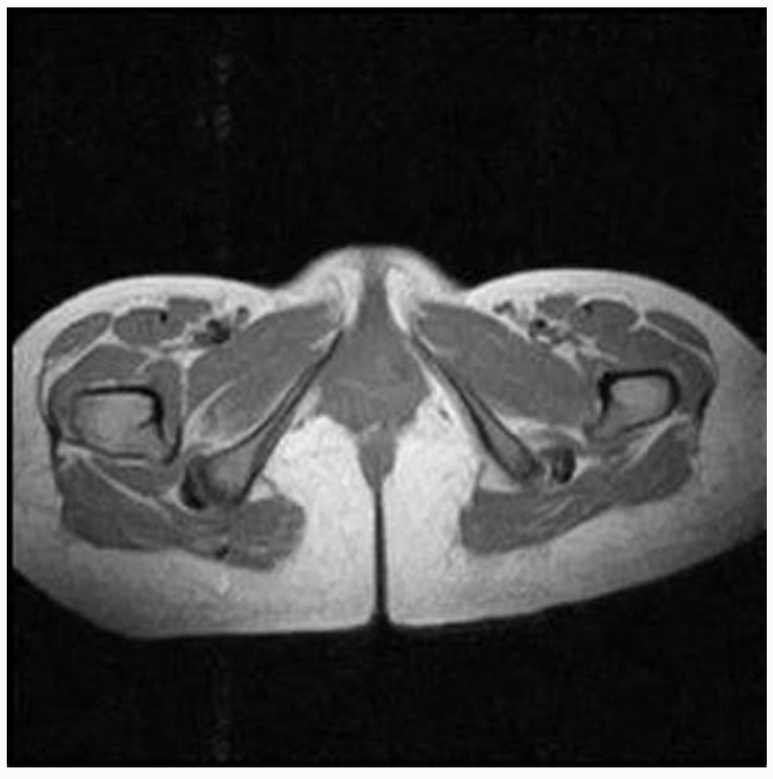

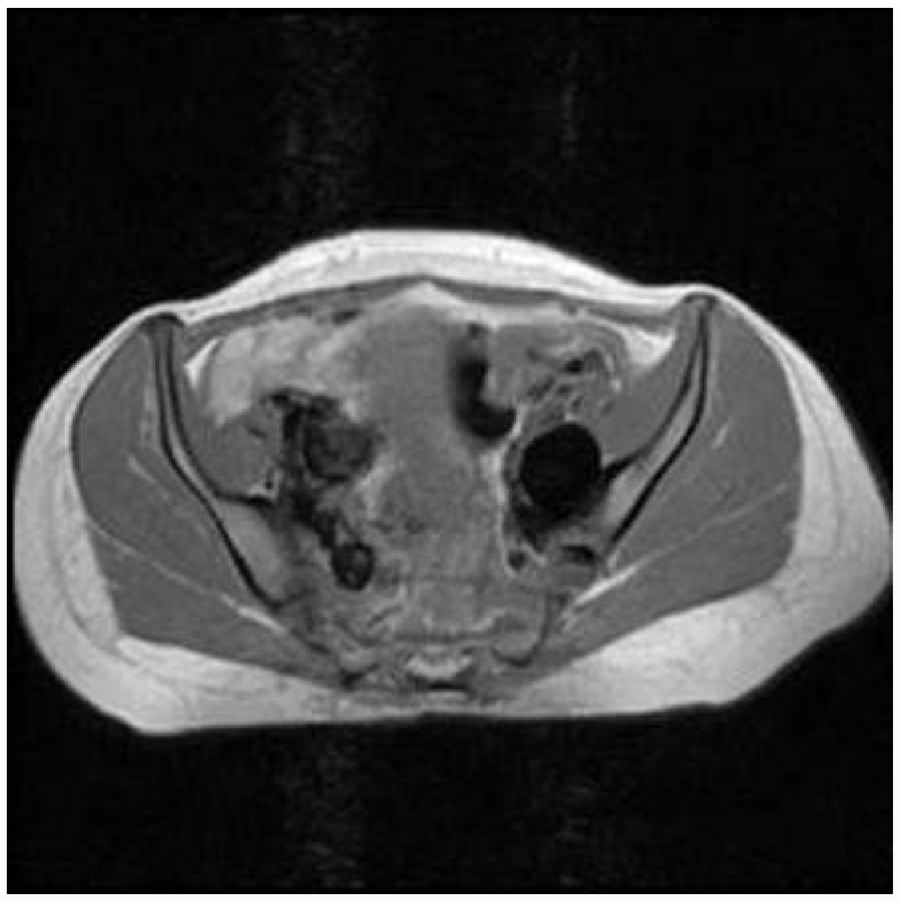

Uterine arterial malformation (AVM) is defined as abnormal and non-functional connections between uterine arteries and veins. Although patients typically present with vaginal bleeding, some patients may experience massive bleeding that threatens life in some circumstances. The treatment of the choice depends on the symptoms, the age, the desire for future fertility, the location and the size of the lesion; However, uterine artery embolization is the first choice in symptomatic AVM in patients of reproductive age with expectations of future fertility. We report a case of acquired AVM (after D/C) with a deep injury, which has been successfully treated with bilateral embolization of the uterine artery (UAE).1. Introduction Uterine arterial malformation (AVM) is defined as abnormal and non-functional connections between uterine arteries and veins. These may be congenital or acquired (traumatic) injuries. Congenital AVMs are extremely rare conditions, considering that the rate of incidence of acquired AVMs is currently increasing [1st to 3rd]. Acquired AVMs are often associated with previous uterine interventions (dilation and treatment (D/C)), therapeutic abortion, cervical or endometrial cancer, trophoblastic diseases and direct uterine trauma and occur more frequently in women of reproductive age [4]. The typical symptom is vaginal bleeding; However, some patients may experience massive bleeding that threatens life. We report a case of acquired AVM (after D/C) with an extensive injury, which has been successfully treated with UAE. 2. Case 35-year-old patient, pregnant 2, para 1, abortion 1, sub-D/C to nine weeks due to abortion missed approximately two weeks earlier in another centre (Figure 1). The patient has undergone a repeated D/C procedure during the screening visit one week after initial surgery in another centre with a suspected ha ematoma; However, the procedure had been due to bleeding and the patient was referred to our hospital. Following admission, Hb was 11.2¢Âg/dL, Htc was was and HCG was 3518-MIU/ ML. There was no evidence of active vaginal bleeding. Transvaginal ultrasound (TVUSG) revealed a 60 60 56 mm (103 cm3) lesion of hyperrecogenic and heterogeneous mass located in the anterior wall of the uterus and extending laterally to the left. There was a minimal collection of fluids in the endometrial cavity. ADNexa appeared bilaterally normal. Doppler ultrasound revealed prominent venous vascular signs (Figure 1). The patient was hospitalized with a diagnosis of arterial-venous malformation. A consultation with an interventionist radiologist was conducted and the patient was scheduled for EAU. The bilateral Arab Emirates were performed using the mixture of histoacryl and lipidol. The pre- and post-embolization images of the patient are shown in Figure 2. No complications occurred after the procedure. The patient was discharged two days after the procedure; His HCG level dropped to 1766 mIU / ml. Control Doppler USG performed a month later and revealed no blood flow and the injury was measuring 61 46 52 mm (77 cm3) and showing the restriction (figure 3). HCG level was