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PICTORIAL ESSAY

Imaging in Uncommon Pelvic Complications of Pregnancy: A Pictorial Essay

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Case 1

A 35-year-old female presented with fever and left flank pain 05 days after a normal vaginal delivery. Imaging evaluation by ultrasonography (Fig. 1a, b) followed by CECT abdomen (Fig. 1c, d) demonstrated left ovarian vein thrombosis. The patient improved on anticoagulation medications.

Ovarian vein thrombosis should be considered a possible cause of puerperal fever. CT and MR venography are diagnostic. Prompt treatment prevents potentially fatal complications.

Case 2

A 34-year-old multigravida with emergency caesarean section at 38 weeks and Hayman stitch application to control postpartum hemorrhage, developed high-grade fever from postoperative day 07. A pelvic USG (Fig. 2a, b) and CECT abdomen (Fig. 2c, d, e) established the diagnosis of uterine infarction. Subtotal hysterectomy was performed and postoperative histopathology confirmed the findings.

Uterine infarction following uterine compression sutures done to control PPH is a rare but known complication. Imaging evaluation by Doppler ultrasound and cross-sectional imaging is the key to its early diagnosis.

Compliance with Ethical Standards

Conflict of interest The authors declare that they have no conflict of interest.

Informed Consent A written and informed consent was obtained from the patient informing them about the publication of case and pictures in the journal.

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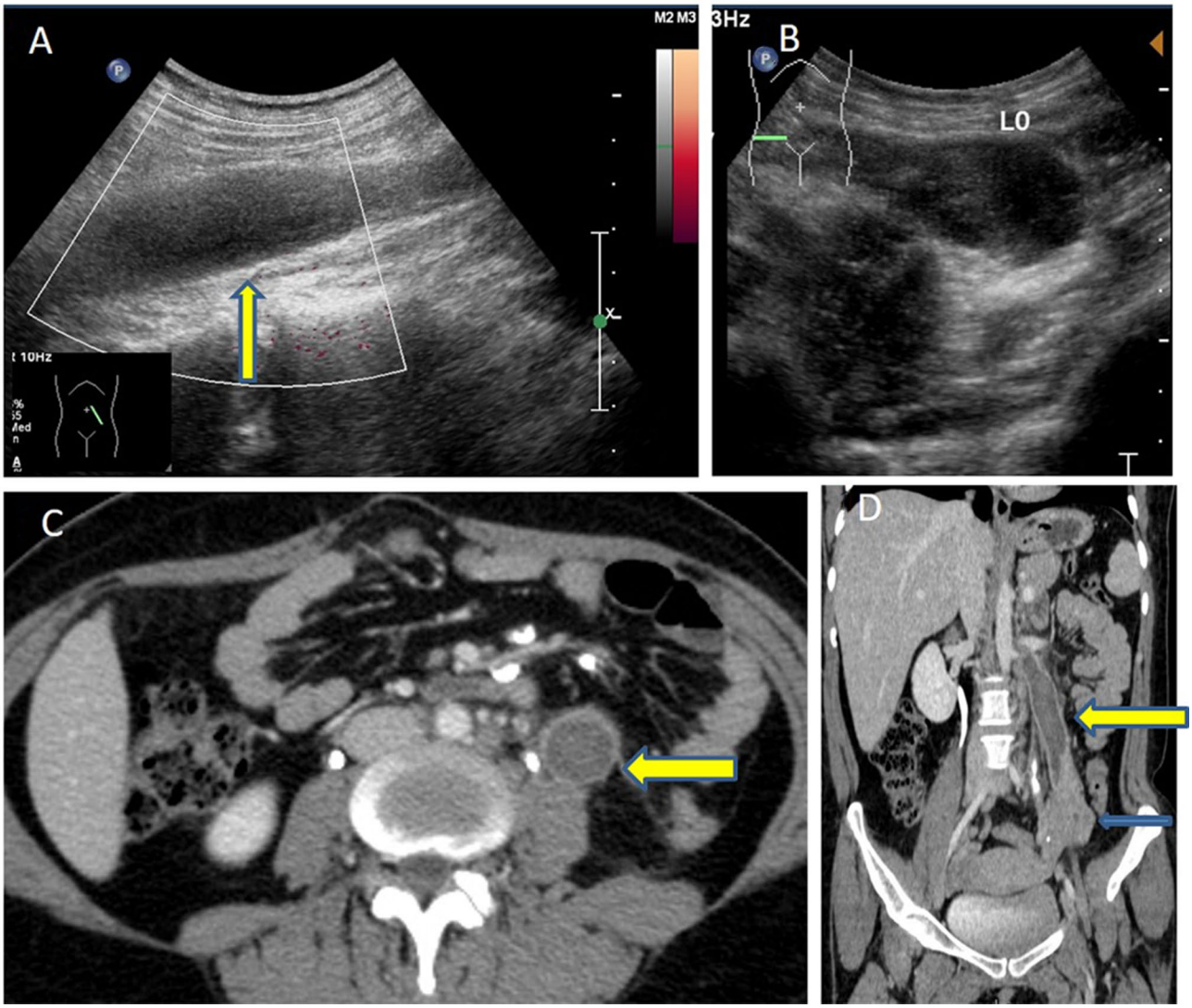

Figure 1 **a** USG abdomen shows an elongated tubular structure (arrow) with thick walls in left side of abdomen, showing heterogeneous internal contents and no vascularity on color Doppler, **b** USG pelvis shows enlarged left ovary, **c** CECT abdomen axial image shows hypo-dense filling defect in dilated and thick walled left ovarian vein (yellow arrow) with surrounding fat stranding suggestive of thrombosis, **d** coronal reformatted CT image reveals elongated thrombosed ovarian vein (yellow arrow) and bulky left ovary (blue arrow).

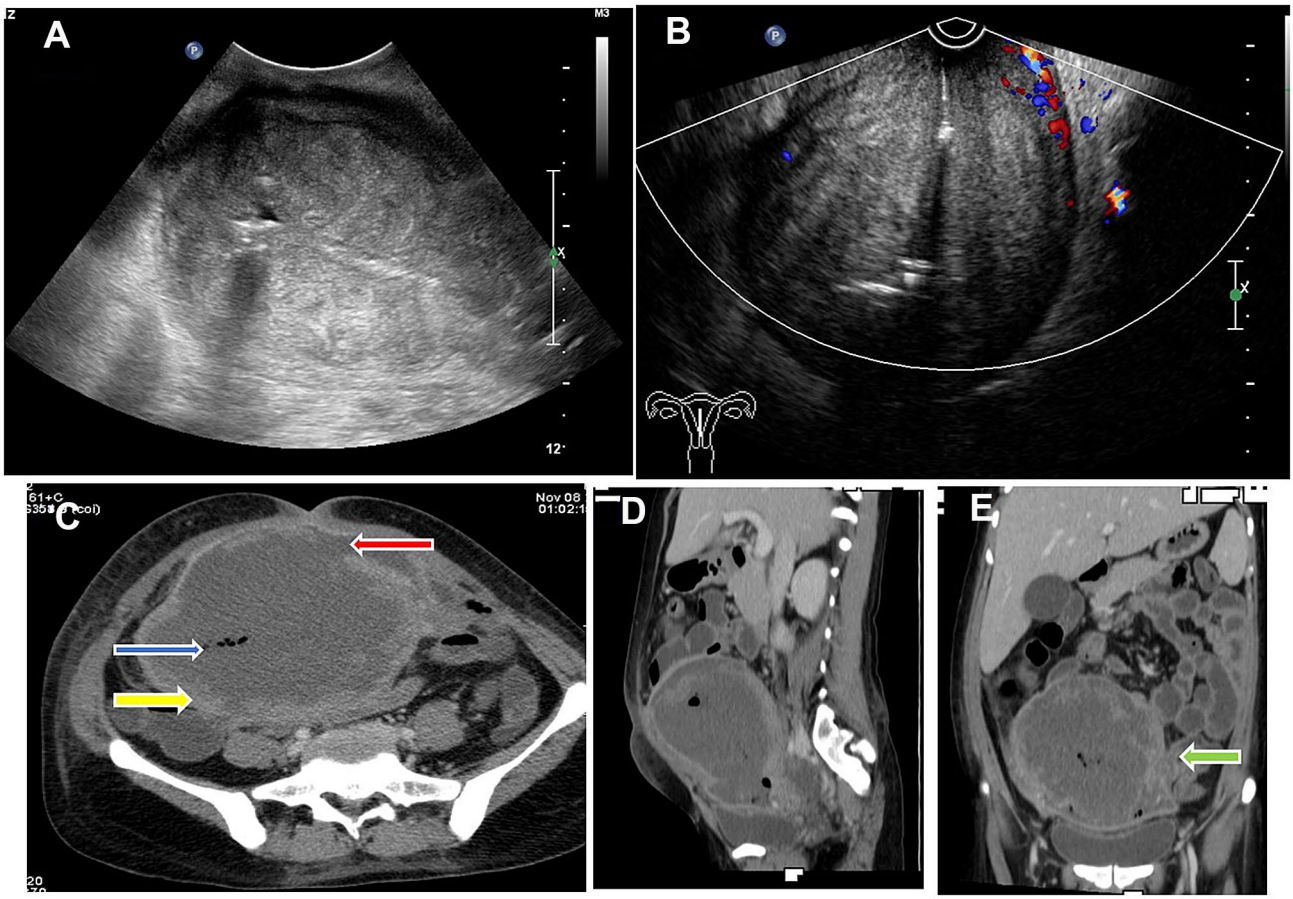

Figure 2 **a** Transvaginal sonography shows uterus is bulky with heterogeneous myometrium and indistinct endo-myometrial interface, **b** color Doppler imaging demonstrates vascularity only in peripheral myometrium with multiple air foci (yellow arrow), **c** CECT abdomen axial image shows bulky uterus with central non-enhancing area with multiple air foci within (blue arrow). Normal myometrium is seen as thin peripheral rim of enhancing tissue (yellow arrow). Anteriorly myometrium is deficient (red arrow) with a collection anterior to uterus, **d** CECT sagittal reformat image shows similar findings, **e** CECT coronal reformat images show small bowel loops adherent to the uterus along its left lateral wall (green arrow).