



Uterine Artery Embolization: A boon for Uterine Arteriovenous Malformation

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A 29 years female G4PoA3 had 16 weeks pregnancy, for which she took over the counter medications for abortion on her own. She expelled few products and presented to hospital with severe anemia (Hb 6.4 gm%) and fever. On examining she was severely anaemic, urine pregnancy test was faintly positive, uterus was 8 weeks in size, products were felt in cervical canal. Hb was 6.4 gm/dl, . TLC 11600/cu mm, Beta HCG - 464 mIU/ml. Her USG Doppler & MRI reports were

suggestive of uterine arteriovenous malformation(Figs. 1, 2). Four units PRBCs were transfused, antibiotics were given & superselective uterine artery embolization was done (Figs. 3, 4). Post UAE USG doppler showed retained products with vascularity, USG showed retained products (Figs. 5, 6). Her evacuation was performed under hysteroscopic (Fig. 7) guidance. She withstood procedure well & recovered completely.

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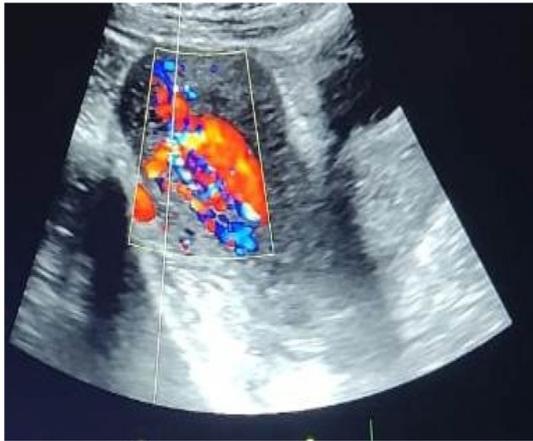


Fig. 1 USG Doppler on admission. Bulky uterus with mild thickened ET and focal loss of interface between myometrium and endometrium with few dilated tortuous spaces showing vascularity on colour. Doppler study with venous and arterial spectral pattern s/o RPOCs with uterine AVM

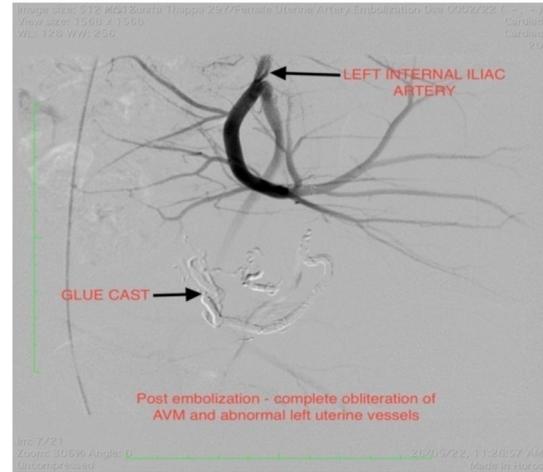


Fig. 4 Post-UAE DSA

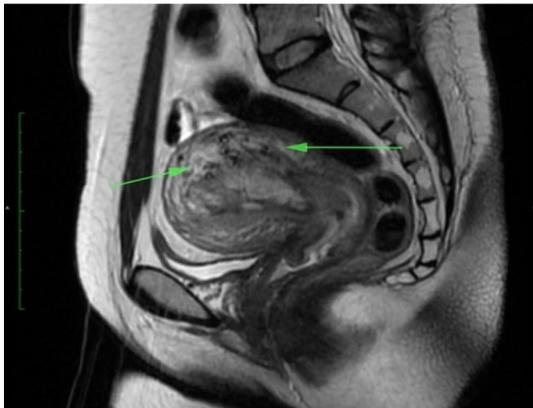


Fig. 2 MRI T2WI sagittal scan showed bunch of vessels in fundal region

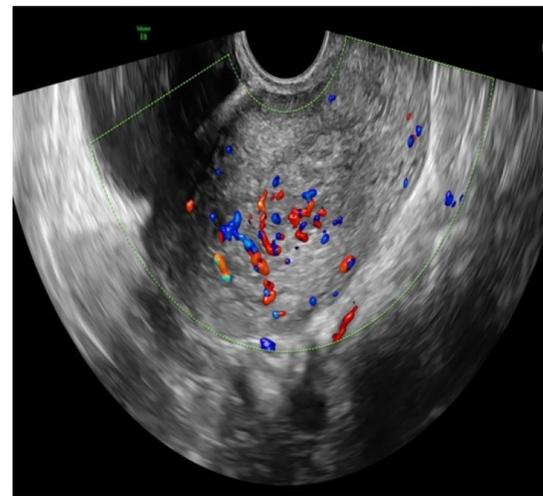


Fig. 5 Post-UAE USG Doppler. Posterior myometrium shows enhanced vascularity. Impression- -vascularised RPOCs with posterior enhanced myometrial vascularity

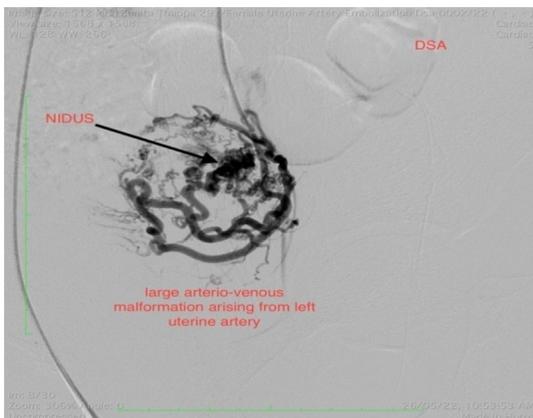


Fig. 3 Super-selective uterine artery embolization. Pre-UAE digital subtraction angiography (DSA)



Fig. 6 Post-UAE USG showing RPOCs



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Fig. 7 Diagnostic hysteroscopy showing retained products of conception