

Arteriovenous Malformation of Uterine Artery - Case Report

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Mrs. S.S. aged 23 yrs. admitted on 14/3/98 at a private Hospital. with amenorrhoea 6 weeks. She C/O profuse bleeding P/V. and spasmodic pain.

O. H:G. P.: First preterm vaginal delivery of twins, none alive.

Pt. had APH with type I placenta praevia in that pregnancy.

She had primary and secondary PPH and required 5 units of blood. There was no trauma, infection or retained products. Except low Hb%, Haematological investigations were normal.

EMP: 1-2-98 PMC: Reg. 5/28, heavy flow.

O. F.: G.C. was fair, gross pallor.

Pulse: 120/m B.P. 110/70.

Systemic examinations: NAD. P/A; The abdomen was soft.

P. V.: Uterus bulky, soft, os open, vagina full of clots.

Diagnosis of incomplete abortion was made, confirmed by USG. Patient was taken for evacuation with arrangement for blood transfusion. Only blood clots were removed from the uterine cavity. On curettage of the

anterior uterine wall, the patient started bleeding like a tap. Scraping one particular area invited more bleeding. Bleeding was controlled after giving oxytocin drip, ergometrine, prostodin and Utropace.

Two units of blood were given, apart from antibiotics and oral iron. Patient was discharged on 3rd day with complete cessation of bleeding. Except low Hb%, haematological investigation were normal. She was advised doppler study and angiography.

The patient was readmitted on next day again with profuse bleeding P/V and was in shock. It was corrected with Dopamine drip and blood transfusion. Her serum β -subunit of HCG was normal. Hb%: 7 gm%, all other investigations were normal.

The patient was shifted to Nagpur where Bilateral Internal iliac angiography was done. Left uterine artery Arteriovenous malformation was diagnosed. It was completely and successfully embolised with Ivalon and gelfoam. Patient had normal periods following this procedure.