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Arterio Venous Malformation of the Uterus Presenting as Intractable Menorrhagia

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Intractable menorrhagia, non-responsive to medical treatment (Hormones and Danazol) and curettage arouses suspicion of rare causes of menorrhagia like deranged angioarchitecture of uterus as haemangiomas or abnormal arteriovenous communications of uterine vasculature. Colour Doppler study helped in the present case.

Mrs. R. 32 F, P2A2 (LCB=4 years) presented with history of profuse bleeding per vaginum few days after her normal menses. Her past-history revealed that her menarche was at 14 years and her menstrual history was normal till her second delivery after which she had similar recurrent episodes of profuse bleeding intercepted by normal cycles and there was history of repeated curettage and hormone intake without permanent cure. P/V showed large multiparous sized soft uterus. Though U/S showed no abnormality, keeping the possibility of incomplete abortion, D and C was done. Patient bled profusely during the curettage (almost 500 cc blood was lost). Scanty curettings obtained revealed hyalinised chorionic villi on HPE. Patient was fully investigated.

Hb=7.7gm%	PT=14sec
BT=1'4"	PTI=100%
CT=3'20"	Platelet count=2.75lacs/ml
Blood group=A+ve	PBF+Hypochromic anaemia
Urine C/E=NAD	Urinary HCG=Negative

There was no history suggestive of any systemic disease or bleeding tendency from any other site of body.

Patient was given hemostatics and hormonal pills but repeat curettage had to be done for continuous bleeding P/V and again about 600c.c. blood was lost during the procedure. HPE of scanty tissue obtained revealed fibrous material and occasional glands in proliferative phase with slight loose stroma which might be due to hormonal effect of the medication.

With all other investigations being normal, colour Doppler study was done which revealed bulky uterus (10.2x5.8x4.6cm) with normal shape and endometrial echotexture but myometrium showed numerous blood vessels measuring 2-6 mm in diameter (Fig I) So diagnosis of AV malformation was made. As hysterectomy was not acceptable to the patient, heavy doses of sequential hormones in the form of tab. Lynoral 0.05 mg BD x 21 days and Tab. Modus 10 mg B.D. from 16th to 25th day were given. But after subsequent one normal cycle, she had similar episode of bleeding. Then Danazol was added, but there was no relief.

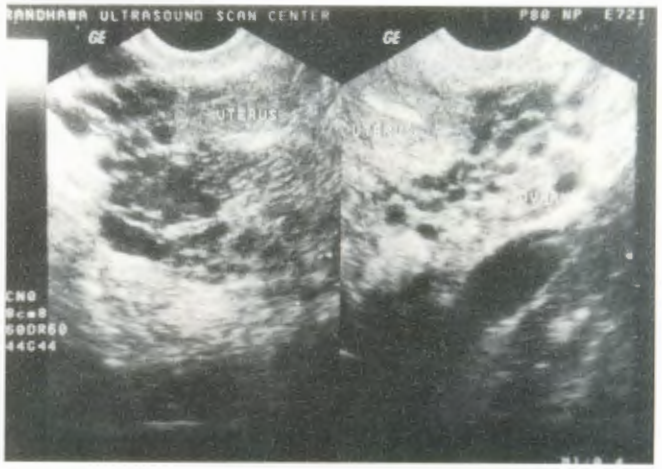

Fig I: Colour Doppler study showing ateriovenous malformation of the uterus (2-6mm dilated vessels)

There was an intractable bout of haemorrhage which made the patient collapse at home; blood transfusions were given and emergency hysterectomy was

done. The uterus was soft, bulky with bluish, speckled serosal surface, free of adhesions. On both sides, broad ligament had big, tortuous, actively pulsating vessels. Ovaries were normal and pale white. However one ovary was preserved. Post operative period was uneventful. Cut section of the uterus revealed multiple dilated blood sinuses in the myometrium (Fig II). However histopathology did not show any additional pathology except for congested dilated vessels in the myometrium.

Haemangioma of the uterus, though benign, presents as intractable menorrhagia and is usually not revealed by diagnostic curettage or hysteroscopy. Angiography and colour doppler give some clue but examination of the uterus confirms the diagnosis. Surgery is the only treatment.

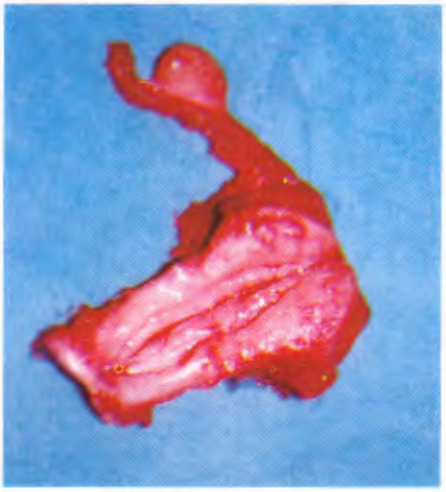

Fig II: Cut Section of the Uterus after hysterectomy showing multiple dilated blood vessels in the myometrium