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An Exceptional Case of Congenital Vascular Malformation Complicating Pregnancy

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Congenital vascular Malformations (CVM) are rare, mostly haemodynamically stable lesions requiring surgical interventions very rarely. We present an unusual case of C.V.M. which turned progressively life threatening in 2nd trimester of pregnancy.

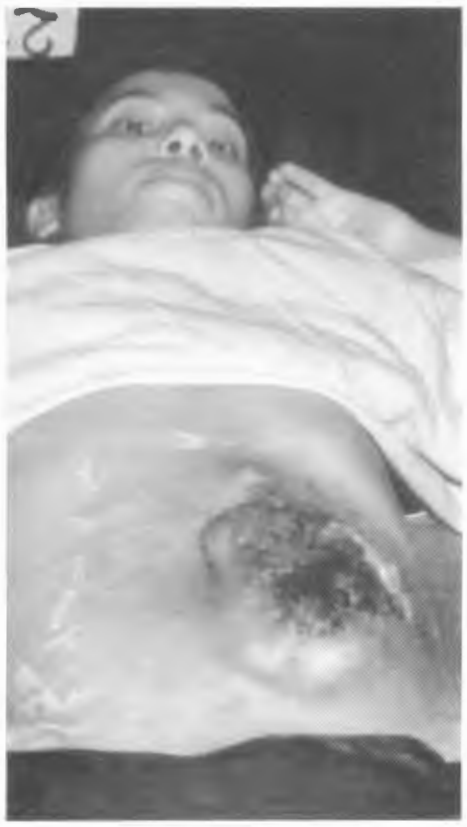

Fig. 1: Big angiomatous mass with pregnancy

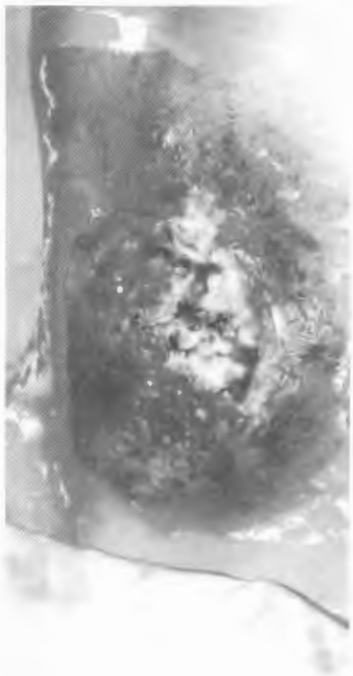

Fig. 2: The same lesion - with closer view

Mrs. P. B. 18 yrs., M.F. PoG, L.M.P. 5 months back was admitted in SSKM Hospital, on 14.10.2000 with recurrent bouts of severe bleeding for 4 days from a large angiomatous lesion of gross arterio-venous communication affecting the anterior abdominal wall associated with pregnancy of 18-20 weeks duration. The lesion extended from suprapubic to supraumbilical region with multiple clusters of vascular tortuosities on it and a big necrotic ulcer on left side (Fig. 1 & 2). Uterus was 20 wks size & F.H.S. difficult to auscultate although foetal movement could be perceived. She was RH-ve with Hb 5.8 gm%. Husband – RH +ve.

She was resuscitated with 4 bottles of blood & wound bandaged with local styptics.

History revealed that the lesion was congenital, (treated as a birth mark), small & silent so far started growing following pregnancy with enormous increase in size with torrential bleeding for last 4 days. She bled again profusely after admission when managed by tying the spurter with black silk with transfusion of 2 bottles of blood. On consultation the case with cardiothoracic surgeon & plastic surgeon termination of pregnancy followed by definitive surgery for A-V communication was decided as pregnancy not only would aggravate the situation but hamper the extensive surgery as well, inspite of the risk of RH isoimmunisation in future pregnancies.

M.T.P. was achieved by extra amniotic Ethacridine lactate (150ml) followed by I.V. oxytocin infusion with prophylactic Anti D- injection before & after the procedure. A dead foetus & placenta & membranes expelled completely on 22.10.2000.

She bled once more after 7 days when deep mattress sutures were given at the base of the lesion.

Definitive surgery for A-V Communication was undertaken in Cardiothoracic O.T. on 6.11.2000 where all the major arterio-venous communications were dissected away, ligated and divided with complete excision of the mass. Skin could be closed easily after mobilizing the margins. She was discharged on 23.11.2000 in a healthy condition with advice to come for follow up.