

Uterine Balloon Tamponade: A Savior in Ruptured Uterine Arteriovenous Malformation

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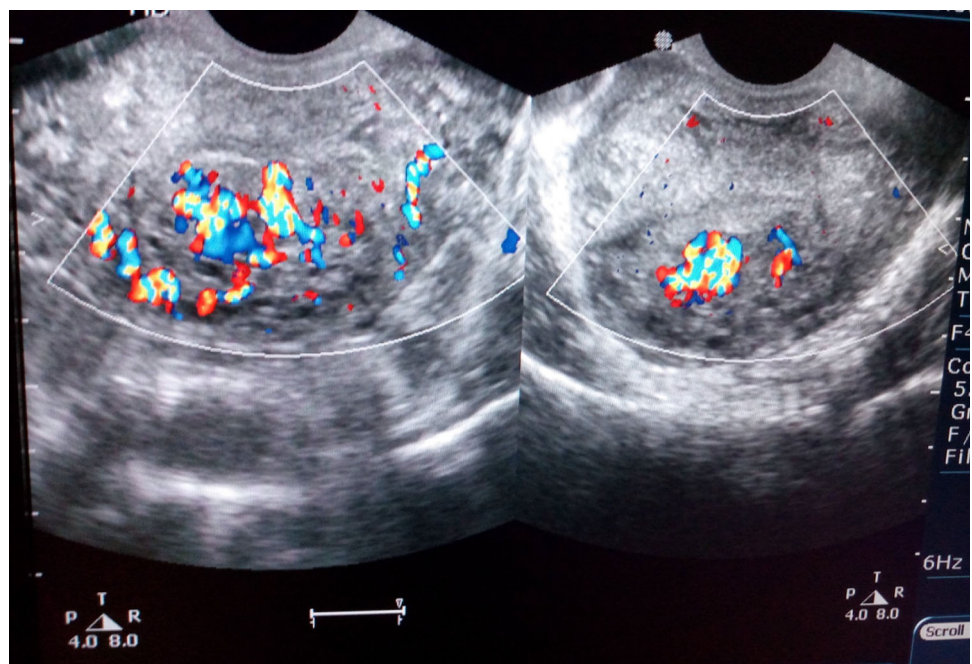
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Fig. 1 CT Pelvic Angiogram: showing multiple, tiny linear serpiginous flow void structures in myometrium predominantly in left posterolateral aspect with mild sub-mucous projections suggesting AV malformation of uterine myometrium with feeding vessels arising from bilateral internal iliac arteries

Fig. 2 USG Doppler: normal sized uterus with endometrial thickness of 8 mm; significantly raised vascularity seen in myometrial - endometrial junction and focally in endometrium. Findings were suggestive of arterio-venous malformation (AVM) of uterus in lower segment



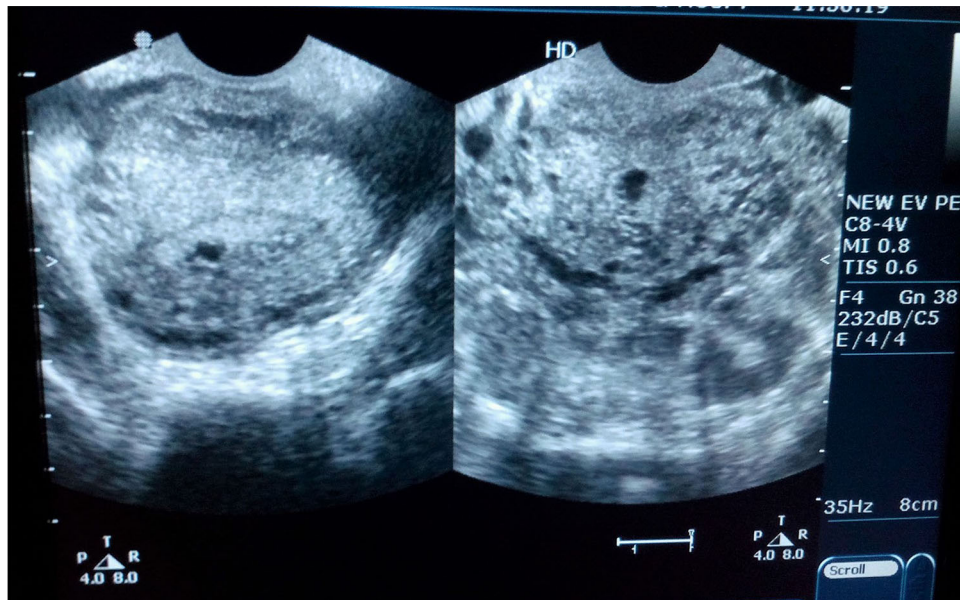


Fig. 3 USG-Gray scale: showing multiple tubular or ‘spongy’ anechoic or hyperechoic areas within the myometrium

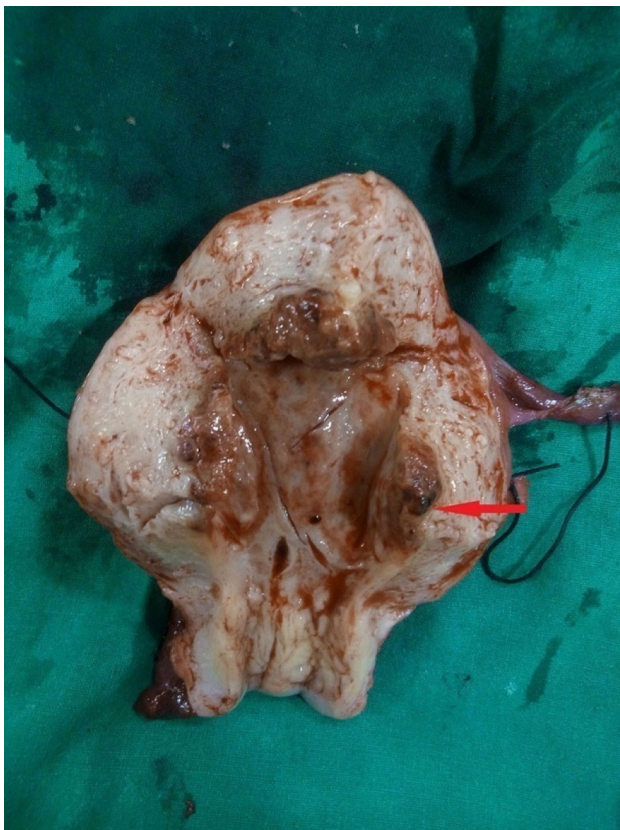


Fig. 4 Gross specimen of the uterus

30 years second para had menorrhagia for 2 months after D & E. USG and pelvic angiogram were suggestive of uterine AVM on left side (Figs. 1, 2, 3). Patient gave negative consent for uterine artery embolisation. She started



Fig. 5 Histopathology: showing dilated & ecstasic vessels with anastomosing arteries & veins; dilated, ecstasic & thrombosed vessels throughout the myometrium. No evidence of any malignancy in the sections studied

bleeding torrentially leading to hypotension. Hence balloon tamponade was done that kept the bleeding under control for 12 days till hysterectomy was done after the couple insisted for hysterectomy. Gross specimen and HPR proved the diagnosis (Figs. 4, 5).

Compliance with ethical standards

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

Informed consent As per the protocol of the journal a written informed consent was obtained from the concerned patient that her case details & clinical photographs will be sent for publication in a scientific journal. She has consented for that in writing.