

Acquired uterine arteriovenous fistula: diagnosis and ultrasound-based follow-up of increased myometrial vascularization (EP 01.19) Lucas J. Souza, Denilson J. de Souza, Ana C. Noldin, Eduardo Pradi, Igor V. Belmonte, Eduardo D. Ferreira, Ana Carolina F. De Souza, Gabrielle F. da Cruz.

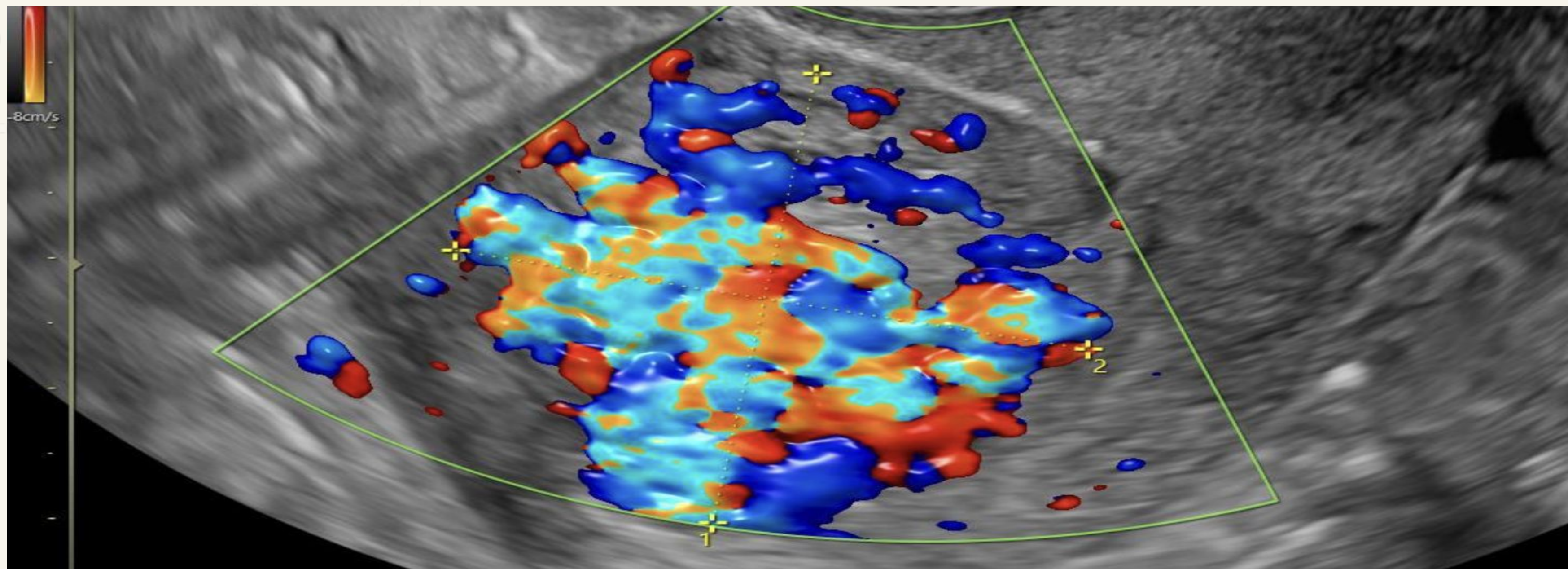


Objectives:

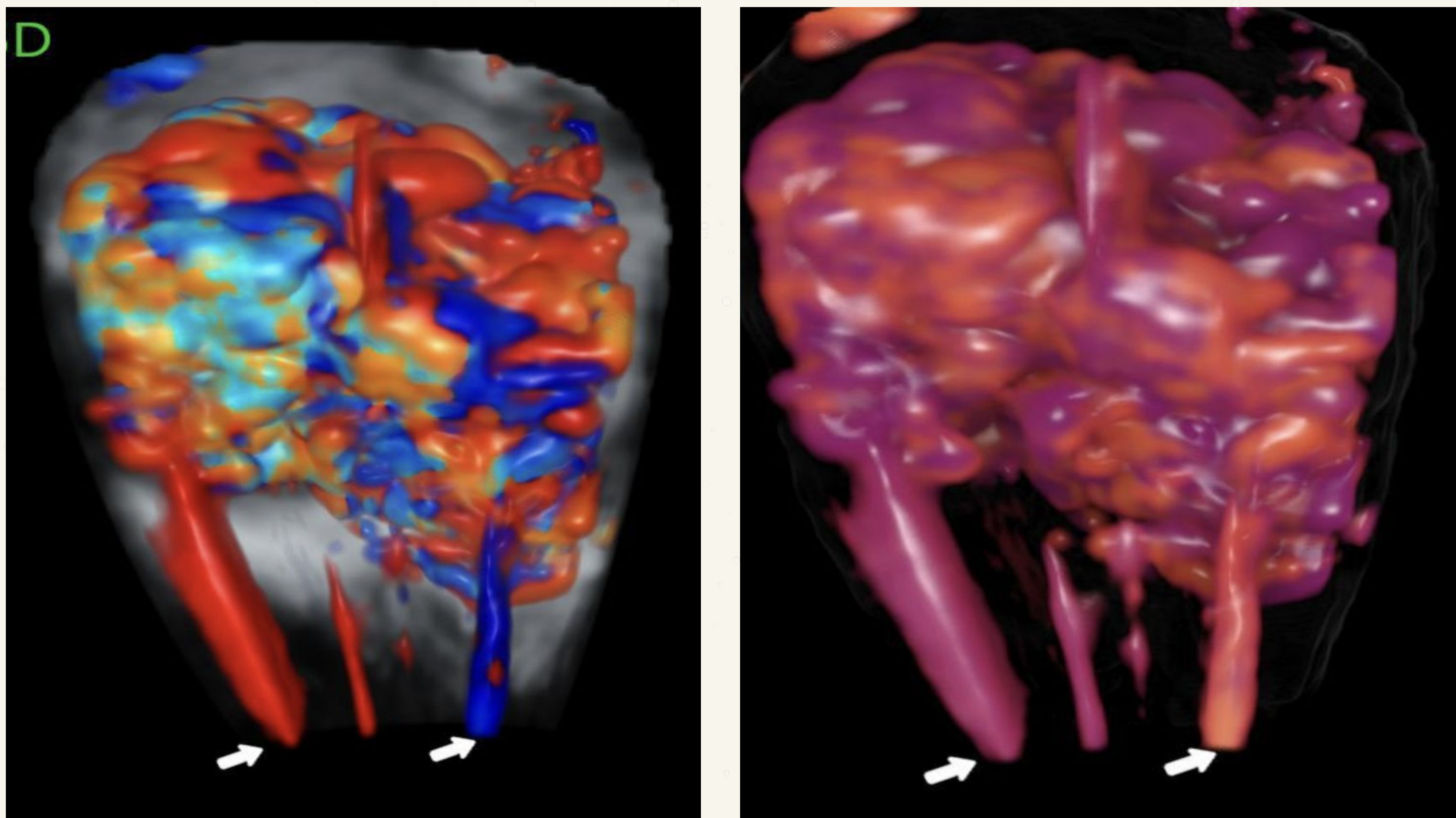
- To investigate cases of **acquired uterine arteriovenous fistula (AVF)**, also referred to as **increased myometrial vascularization**.
- To identify and monitor these cases in patients following **spontaneous abortion, uterine curettage, or aspiration**.

Methods : Study period: January 2014 – January 2024

- **Study period:** January 2014 – January 2024
- **Population:** 1,972 post-abortion patients
- **Imaging:** Routine **Color Doppler and Power Doppler (2D and 3D)** evaluation of the endometrium and myometrium.
- **Findings:** 14 cases (0.7%) of increased myometrial vascularization.
- **Follow-up:** Weekly ultrasound until resolution or progression.



Increased myometrial vascularization 2D



Increased myometrial vascularization 3D

Results:

- **Distribution of the 14 cases:**
 - 3 (21.4%) after spontaneous abortion
 - 8 (57.2%) after uterine curettage
 - 3 (21.4%) after uterine aspiration
- **Mean resolution time:** 32 days (range: 15–42 days)

Complications:

- Only **1 case (7.1%)** required **uterine artery embolization**, with excellent post-treatment outcome.

Conclusions: **Serial ultrasound-based expectant follow-up** is safe and effective for most cases of acquired myometrial vascularization after abortion.

- Only persistent cases (>45 days) with worsening vascularization required invasive management.