

EP03.44

Spontaneous resolution of enhanced myometrial vascularity: a case report

Elena Gatti, Andrea Natale, Veronica Austoni, Eleonora Rosti, Michele Vignali, Eugenio Solima

Introduction

Enhanced myometrial vascularity (EMV) refers to a rich, tortuous vascular network within the myometrium, commonly observed after a recent intrauterine pregnancy.

Case Report

A 29-year-old gravida 5, para 0, with a history of five pregnancy terminations, was admitted to our facility due to suspected intrauterine residual material following her last pharmacological pregnancy termination, performed 12 weeks before, at 7+3 weeks of gestation. The follow-up at another facility 40 days after the pregnancy termination revealed inhomogeneous, vascularized intracavitary material with a maximum thickness of 14 mm. As a result, the patient was prescribed oral progestin pills.

The initial ultrasound examination showed inhomogeneous material with a maximum thickness of 18 mm, featuring large hypoechoic tubular spaces with both arterial and venous flow, consistent with an arteriovenous shunt.

The median peak systolic velocity (PSV) was 36 cm/s, suggestive of EMV. The B-hCG level was negative. The patient was deemed a suitable candidate for a conservative approach and was followed up with ultrasound examinations every 2 weeks. The patient remained on the progestin-only pill throughout the follow up period. Over six weeks, a progressive reduction in vascularity and PSV was observed and a thin and homogeneous endometrium of 3 mm was obtained.

No heavy bleeding or major complications were observed during follow up.

Conclusion

The optimal management of EMV may include conservative approach through serial ultrasound scans in asymptomatic or paucisymptomatic women.

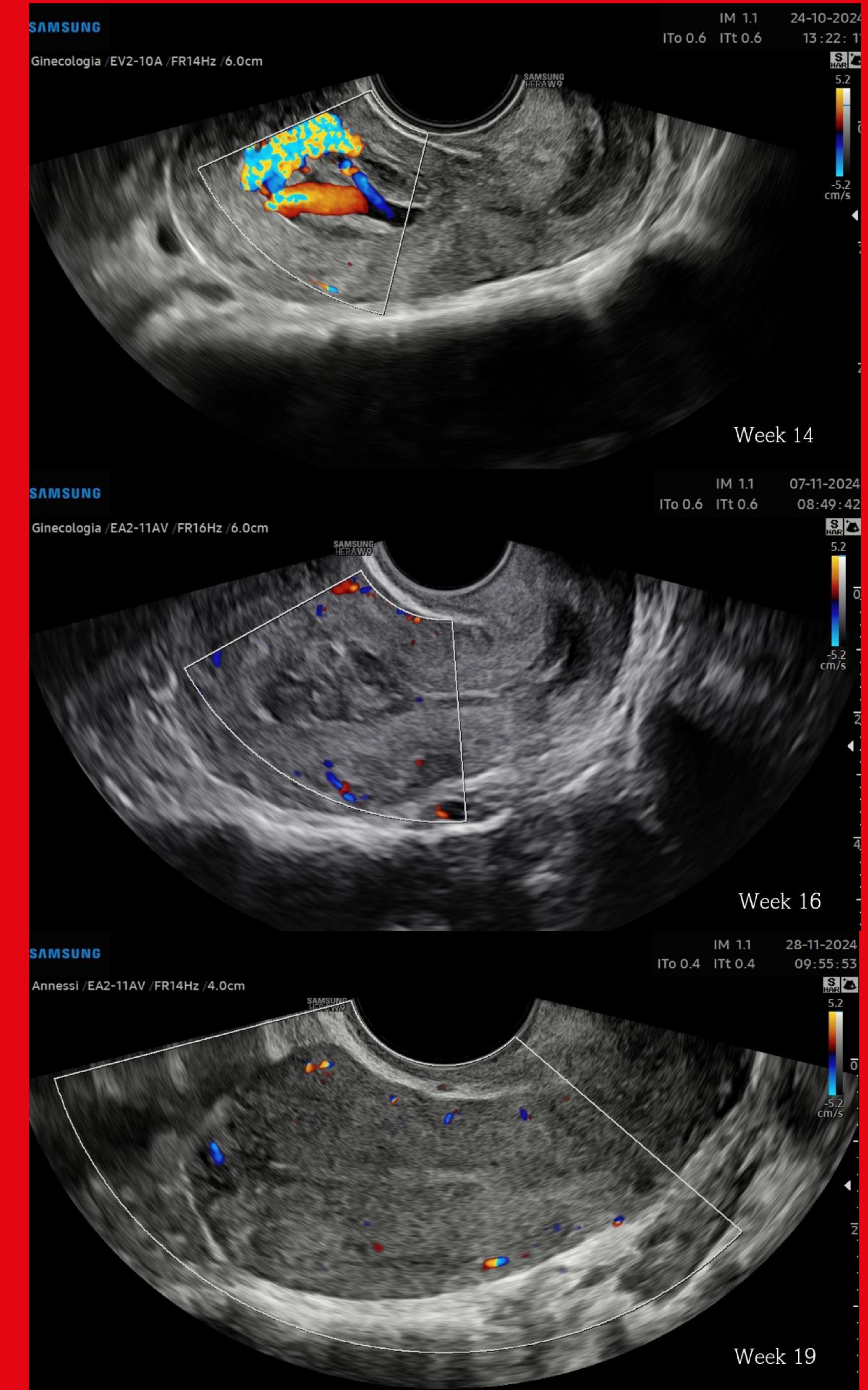


Figure 1. Progressive sonographic resolution of EMV. Over the course of three ultrasound scans, a reduction in PSV and vascularization, along with endometrial thinning, was observed.