

EP 16.99 Uterine artery pseudoaneurysm: a rare case of acute fetal bradycardia and unexplained maternal anemia

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Introduction

Uterine artery pseudoaneurysm is a rare but potentially life-threatening peripartum complication.

Case report

A 30-year-old woman with untreated chronic hypertension and obesity had an otherwise uneventful pregnancy until 34 weeks of gestation, when she developed preeclampsia and persistent pelvic pain. At 34+6 weeks, she experienced sudden severe abdominal pain associated with presyncope. Cardiotocography revealed acute **fetal bradycardia**, prompting an **emergency cesarean section**. A live infant was delivered. Intraoperatively, hemoperitoneum was found without uterine rupture.

Diagnosis and Management

Postoperatively, progressive anemia and persistent pelvic pain prompted CT angiography, which demonstrated a **pseudoaneurysm** of a branch of the right uterine artery with active bleeding. Superselective **embolization** with Glubran successfully controlled the hemorrhage. Follow-up transvaginal ultrasound confirmed the pseudoaneurysm.

Conclusion

Uterine artery pseudoaneurysm should be considered in the differential diagnosis of **hemoperitoneum** and **acute fetal bradycardia**, particularly in the setting of hypertension or preeclampsia. **Transvaginal ultrasound** is a fundamental diagnostic tool for pelvic vascular abnormalities. Imaging and prompt embolization are essential for effective management and favorable maternal and fetal outcomes.

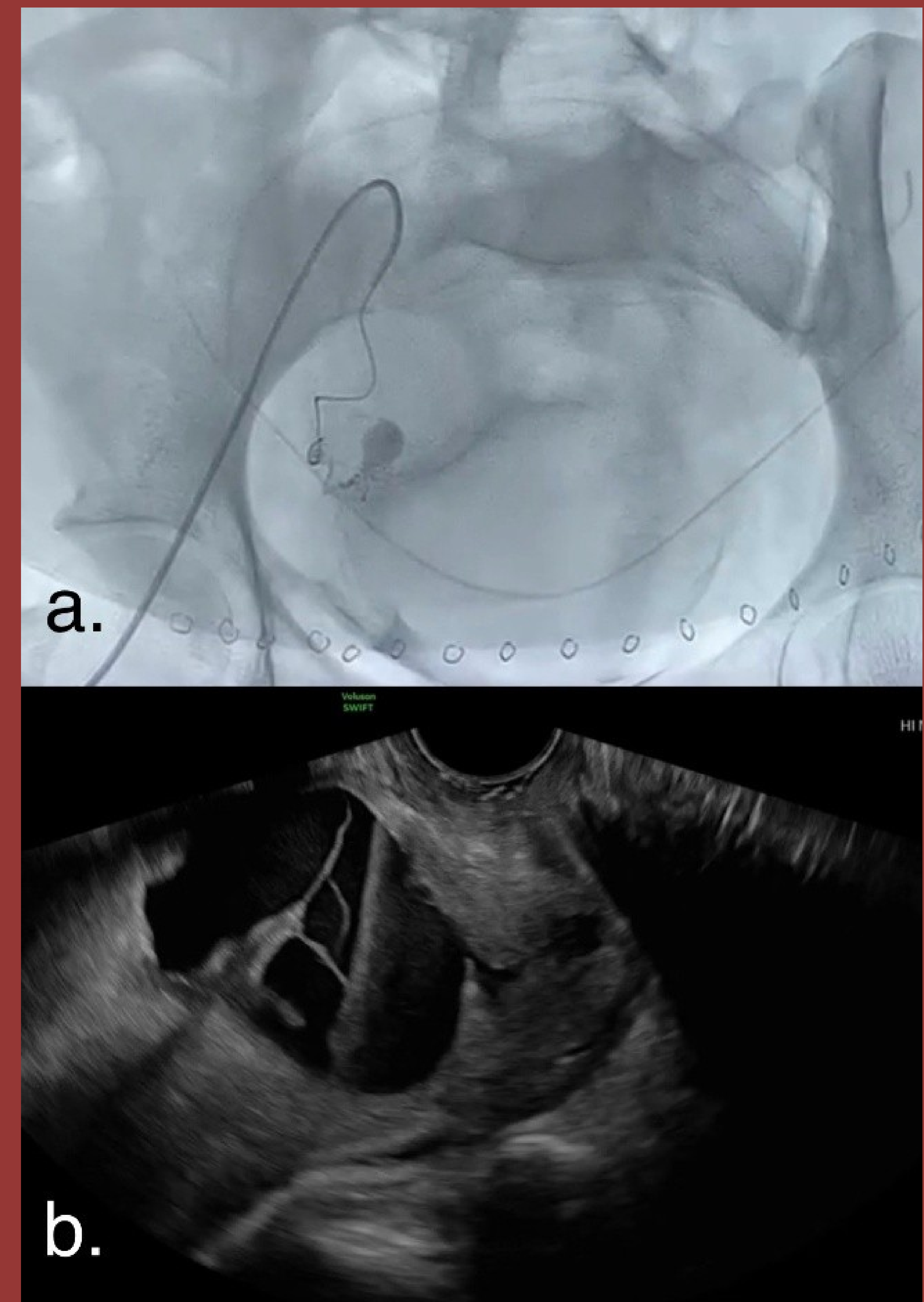


Figure a. Angiography shows the pseudoaneurysm of the uterine artery branch

Figure b. Transvaginal ultrasound shows the pseudoaneurysm after embolization