

A RARE CASE OF POSTPARTUM SPONTANEOUS UNRUPTURED OVARIAN ARTERY PSEUDOANEURYSM

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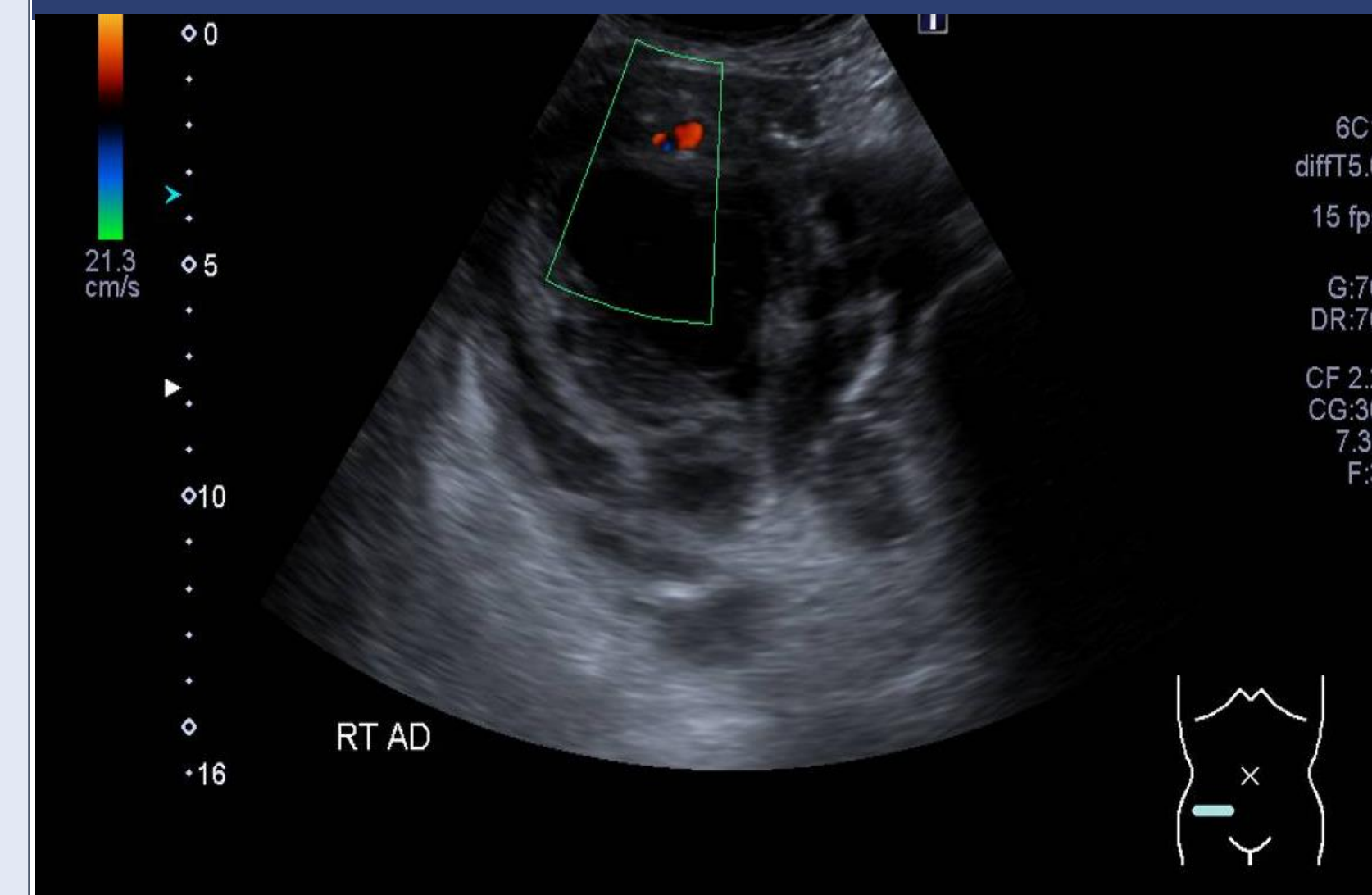
INTRODUCTION

- ❑ Ovarian artery aneurysm represents an extremely rare condition often unrecognized until rupture.
- ❑ Pseudoaneurysm is a hematoma that forms as the result of a leaking hole in an artery.
- ❑ It arises when a tear occurs in the arterial wall allowing blood to leak into the surrounding tissue, with persistent communication between the arterial lumen and the blood-filled cavity.
- ❑ Most affected vessels during pregnancy-related rupture of arterial aneurysms in decreasing order-
 - Intracranial arteries
 - Aorta
 - Splenic artery
 - Renal artery
 - Ovarian artery

CASE REPORT

- ❖ A healthy 43- year- old, P7 presented 2 weeks after spontaneous vaginal delivery with mild lower abdominal pain and swelling.
- ❖ On abdominal examination, there was a 16-week size palpable pelvic mass.
- ❖ An urgent ultrasound examination diagnosed a 15x 9.5x 11cm heterogenous mass in the right adnexa- hard and non -compressible with some colour flow within at the periphery of the mass.
- ❖ CT scan revealed a 11 cm diameter relatively homogeneous, cystic appearing lesion demonstrated in the right iliac fossa with three small pseudoaneurysms shown distributed around the medial aspect potentially arising from branches of the right ovarian artery.
- ❖ There full blood count including Haemoglobin and tumour markers were within normal range.
- ❖ **MDT - conservative management on close surveillance with ultrasound scan.**
- ❖ Safety netting done and remained haemodynamically stable throughout.
- ❖ There was spontaneous resolution of the pseudoaneurysm within 2 months and patient was discharged .

PELVIS ULTRASOUND



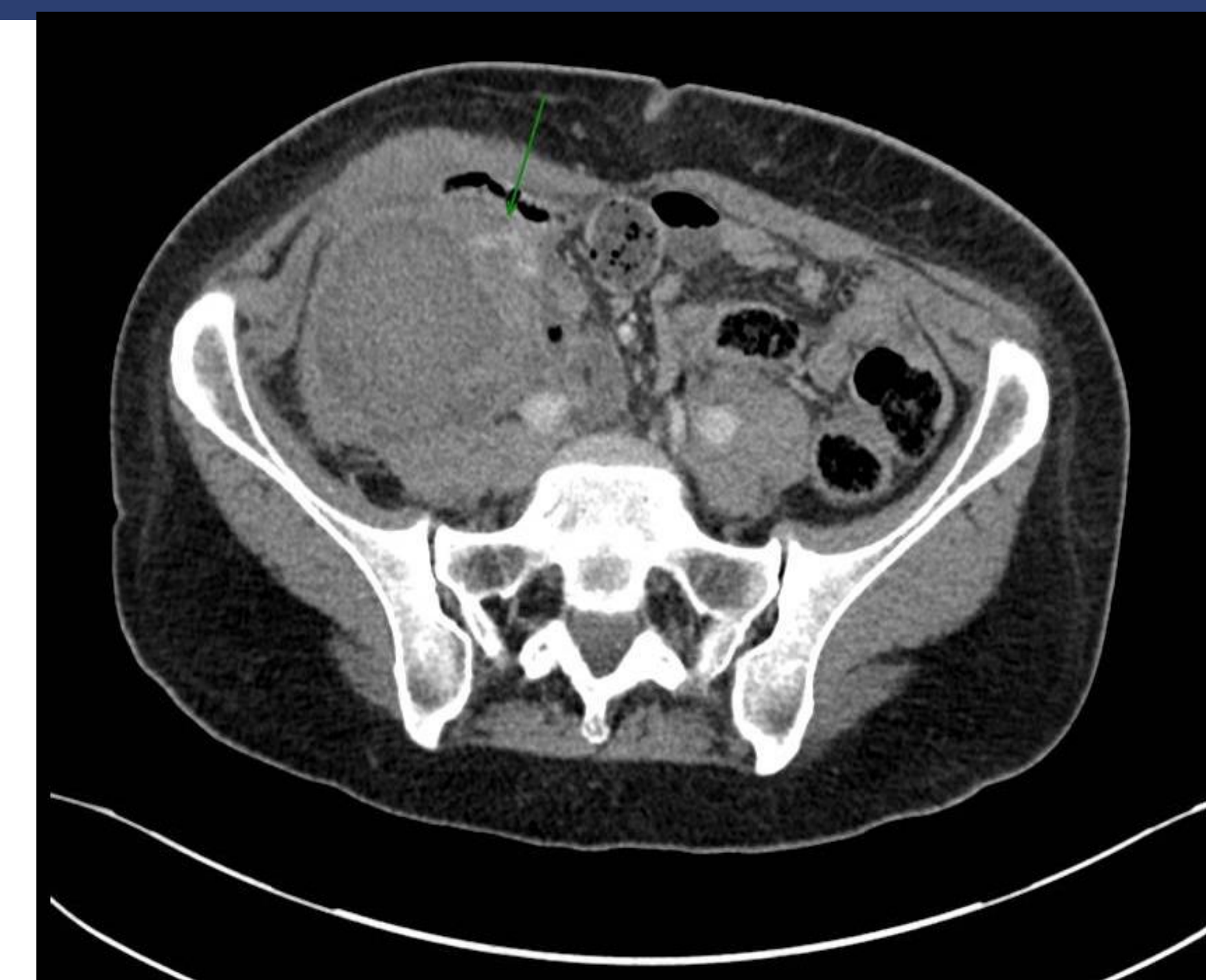
USS-

Rt adnexa in the region of the palpable lump, is a 15x 9.5x 11cm mixed echo heterogenous mass, the mass is hard and non -compressible . There is some colour flow within at the periphery of the mass, Rt ovary not visualised separate to this. The mass is separate to the uterus.

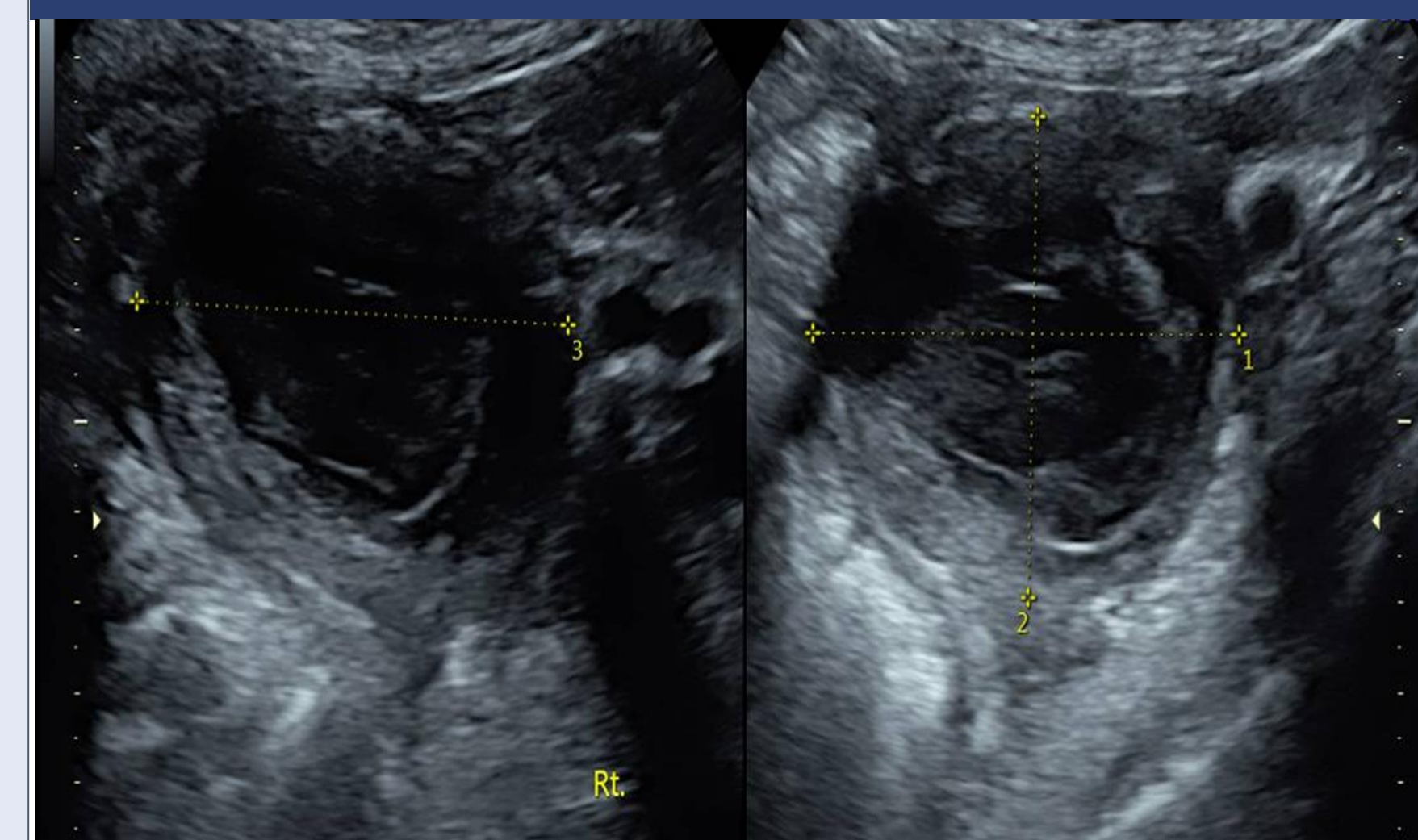
CT SCAN

CT SCAN -

11 cm diameter relatively homogeneous, cystic appearing lesion demonstrated in the right iliac fossa with three small pseudoaneurysms shown distributed around the medial aspect potentially arising from branches of the right gonadal artery. There Is a large haematoma in the right iliac fossa secondary to arterial haemorrhage from pseudoaneurysms arising from branches of the right ovarian artery.



FOLLOW UP ULTRASOUND – 1 MONTH



USS-

53mm x 53mm x 52mm (previously 62mm x 53mm x 61mm). The right ovary was seen separately from this haematoma and appeared within normal limits.

DISCUSSION

- Ovarian artery aneurysms are relatively rare lesions, and the majority are related to pregnancy, in the early postnatal period.
- Several factors predisposing to arterial alterations-
 - ❖ **hemodynamic changes such as increased blood volume and cardiac output**
 - ❖ **hormonal changes predisposing to aneurysm formation.**
- These can result in intimal and media hyperplasia, fragmentation of reticular fibres and loss of corrugation of elastic fibres, which may all lead to new aneurysm formation.
- A review of published case reports found that contrast-enhanced computed tomography with reconstruction images is an excellent imaging tool.
- Diagnostic angiography and subsequent transcatheter arterial embolization are thought to be very effective for this condition.

CONCLUSION

- ✓ With the advantages of modern diagnostic techniques, such cases should be ideal for radiologic diagnosis and nonoperative management unless there is continued hemodynamic instability, in which case early surgical intervention is necessary.
- ✓ **Early diagnosis and therapy are critical in the management of these patients.**
- ✓ An emergency laparotomy should be prepared in cases of rupture.
- ✓ Although oophorectomy has been advocated when the ovarian arterial supply is interrupted, the rich collateral supply from the uterine circulation would appear to make this measure unnecessary.

REFERENCES

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- 2.Samuel C. Hughes, Gershon Levinson, Mark A. Rosen. The puerperium. In: Samuel C. Hughes, Gershon Levinson, Mark A. Rosen, eds. *Shnider and Levinson's Anaesthesia for Obstetrics.* 4th ed.Philadelphia: Lippincott Williams and Wilkins.
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4. Barrett JM, Van Hooydonk JE, Boehm FH. Pregnancy-related rupture of arterial aneurysms. *Obstet Gynecol Surv* 1982;37(9):557-66