UTERINE ARTERIO-VENOUS MALFORMATION IN EARLY PREGNANCY, A RARE GYNAECOLOGICAL CONDITION.

Case Report

A 40 years old lady with history of previous 2 c sections was admitted with suspected scar molar pregnancy and heavy vaginal bleeding.

- In view of high suspicion of molar pregnancy in her transvaginal scan an MRI was done. Her Bhcg dropped from 4224 to 71 and then to 50 before referral to tertiary centre.

- The case was discussed in Charring Cross and ruled out molar pregnancy because of her clinical picture and dropping Bhcg. Hence diagnosis of AV malformation, as the MRI with contrast showed there is a large heterogeneous signal mass seen in the lower body of the uterus measuring 7.4 x 6.3 cm involving the myometrium and protruding into the endometrium.

- Patient was referred to tertiary centre for Embolization by interventional radiology.

Discussion

Uterine arteriovenous malformation (AVM) is a rare condition, with fewer than 100 cases reported in the literature (1).

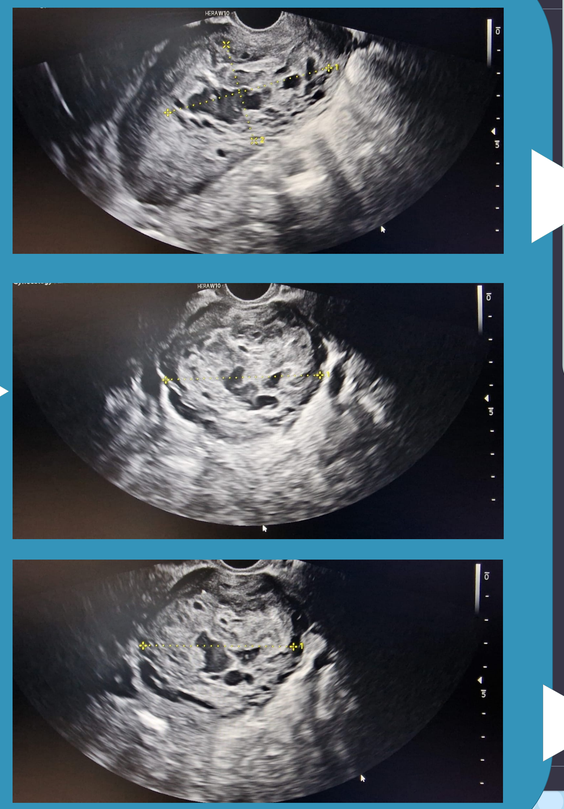
It is a potentially life-threatening condition, as patients may present with profuse bleeding. Colour Doppler ultrasound (US) provides a non-invasive method for initially diagnosing this rare condition and confirmation can be made using diagnostic angiography.

Conservative management or embolization is a preferable method of treatment in order to avoid a hysterectomy in patients of child-bearing age. (2)

Dubreuil and Loubat reported the first case of uterine AVM in 1926 (3).

Since the first description of a successful embolization treatment for uterine AVM in 1986, it has been commonly used in the emergency setting (4).

Uterine AVM is commonly diagnosed in women of childbearing age, angiographic embolization has made hysterectomy no longer necessary (5).



Conclusion

This case report highlights the use of imaging for diagnosing uterine AVM in childbearing age. Embolization is an alternative option for such women to retain their fertility.

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