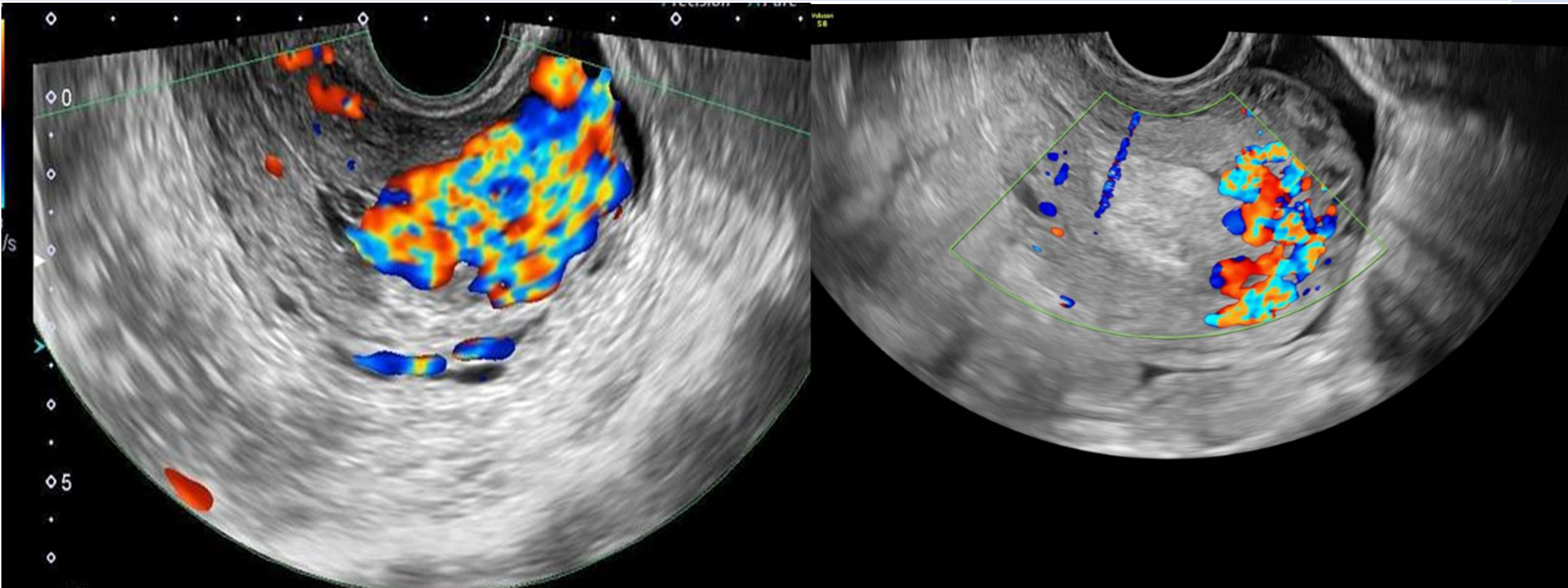
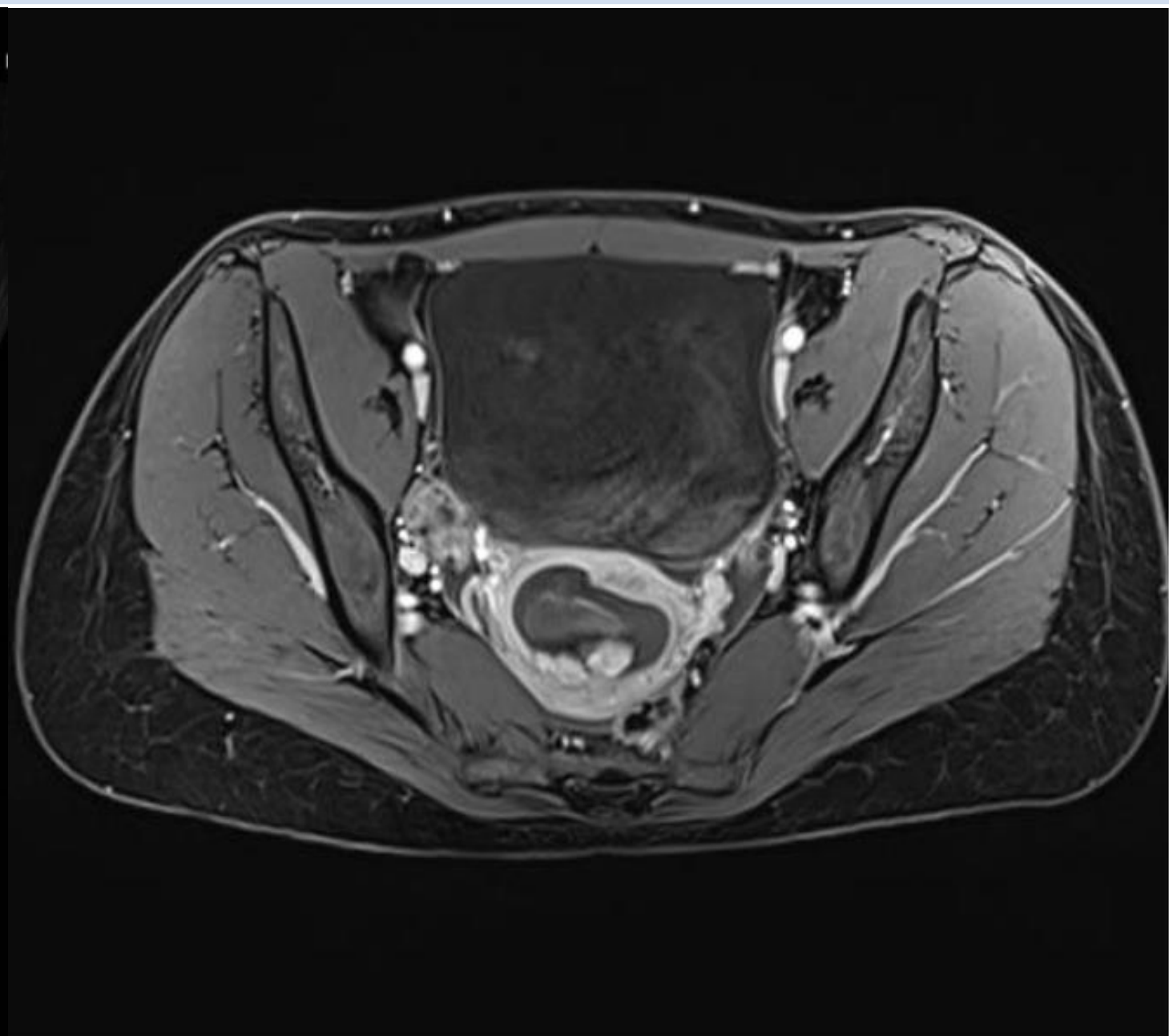


Uterine arteriovenous malformation - a rare case report in a remote Obstetric unit

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Background		Case report			Discussion
• Uterine arteriovenous malformation (UAVM) is a rare but life-threatening condition, with fewer than 100 cases reported in the literature. • Retained pregnancy tissues can complicate 2.5% of all pregnancies • Highly vascular retained pregnancy tissue may suggest an acquired AVM or Enhanced myometrial vascularity(EMV). • In contrast to retained pregnancy tissue, the vascular component is in myometrium rather than endometrium with increased risk of heavy bleeding.		• 26-year-old nulliparous female • Presented at 12 weeks post medical termination in a DGH with heavy vaginal bleeding. • Serum b-HCG <0.2. • Norethisterone 10 mg bd was commenced, had ferrinject infusion, advised tranexamic acid/mefenamic acid if bleeds • H/o persistent heavy bleeding , commenced on prostap, urgent referral to a tertiary unit was made. • Haemoglobin drop 119 to 85 • Patient had more bleeding requiring 2 units of blood transfusion hence urgent transfer to Tertiary centre was made/ with the aim to get input from regional centre for ongoing management			UAVM is a rare but potentially life-threatening condition that may be congenital or acquired, with most acquired cases resulting from pregnancy-related iatrogenic trauma. Its presentation can overlap with other postpartum conditions such as RPOC, endometritis, or gestational trophoblastic disease, making diagnosis challenging. Accurate differentiation is essential, as invasive procedures like curettage or hysteroscopy can precipitate massive haemorrhage, potentially leading to hysterectomy or death in undiagnosed UAVM(EMV) cases. While RPOC is typically managed conservatively or surgically, UAVM requires a different approach, with transcatheter embolization being the mainstay of treatment. For patients unfit for or unresponsive to embolization, hysterectomy or medical therapy (e.g. progestins, GnRH agonists, methotrexate) may be considered. Clinically, accurate diagnosis of retained pregnancy tissue versus AVM(Enhanced Myometrial Vascularity) is important as there are concerns for heavy bleeding. Timely diagnosis and a tailored management strategy are critical to avoid severe complications and preserve reproductive potential.
Investigations		MRI	CT scan		
Initial investigation was performed in the DGH Ultrasound scan showed thickened endometrium, mixed irregular echoes, no colour flow, but myometrium showed unusual appearance with colour flow on doppler.		Markedly torturous dilated vessels in the walls of uterus particularly posteriorly showing extensive uterine arteriovenous malformation.	MDT recommended CT – confirmed an area of enhanced myometrial vascularity(EMV) Patient transferred to tertiary unit for persistent bleeding		
					
Treatment in tertiary unit			References		Conclusion
• MDT discussion was undertaken • Had left uterine artery and right ovarian artery embolization to control bleeding in regional centre 48 hr prior to surgical management as a risk reduction strategy • Had Ultrasound guided removal of retained products of conception(RPOC) • Uneventful with minimal blood loss • Follow up scan locally 8 weeks later was normal			1. Ultrasound diagnosis and management of acquired uterine enhanced myometrial vascularity/arteriovenous malformations. Timor-Tritsch IE at al. Am J Obstet Gynecol 2016; 214: 731. e1–10 2. Enhanced myometrial vascularity and AVM: A review on diagnosis and management. Moradi B et al. E.J Clin Ultrasound. 2023 Jul-Aug;51(6):1051-1058. doi: 10.1002/jcu.23495. Epub 2023 Jun 7		This case highlights the challenges in diagnosing and managing a rare case of possible arteriovenous malformation or enhanced myometrial vascularity (with retained pregnancy tissue) in a remote unit Transfer from a DGH to a tertiary unit, then to a regional centre for prophylactic embolization prior to the required surgical procedure highlights the need for clear communication and effective MDT coordination.