

Uterine Pseudo-Aneurysm :Life Threatening Cause of Secondary PPH

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INTRODUCTION

- Pseudoaneurysm -extraluminal collection of blood through a defect in the arterial wall.¹
- Uterine artery pseudoaneurysm(UAP) - Rare but potentially life-threatening .
- Reported Incidence of 2–3/1,000 deliveries.²
- Objective is to highlight the importance of high Index of suspicion for UAP while managing secondary PPH.

CASE REPORT

29 years female was delivered by Caesarean section for CTG concerns with MOH of 2600 ml. MOH was managed by B lynch suture. Presented 2 months later with secondary massive haemorrhage of 4L and had laparotomy, compression sutures and uterine artery ligation. She represented with third episode of MOH 2 weeks later, which was managed surgically by Bakri Balloon . CT- angiogram was showed Pseudo-aneurysm which was managed by bilateral uterine embolization at UCLH. She remained asymptomatic post procedure.

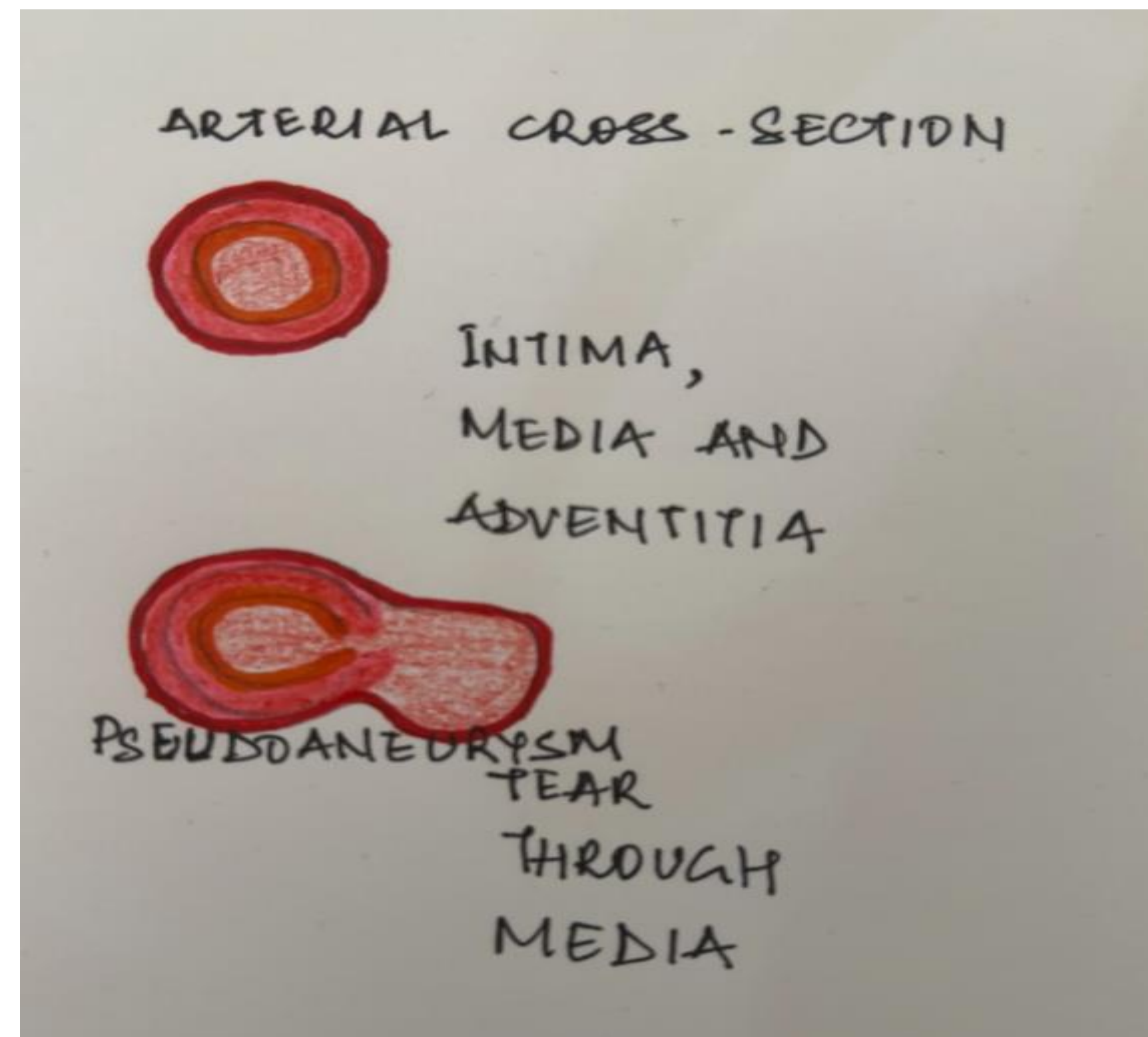


Diagram depicting Pseudo-Aneurysm

CONCLUSION

- Needs High Index of Clinical Suspicion
- CT angiography - gold standard investigation
- UAP can be effectively managed through embolization.

DISCUSSION

- UAP –Important differential for Secondary PPH.
- UAP -develops after traumatic obstetric or gynecological procedures, and non-traumatic delivery/abortion .
- Usually detected after the rupture of the pseudoaneurysm, thereby manifesting as massive haemorrhage.
- Delayed diagnosis of his condition often results in life-threatening haemorrhage and challenging management.
- Modalities used for diagnosis are Colour doppler (detects turbulence), MRI (can rule out other Vascular malformations), CT -angiogram (diagnoses the feeder vessel).
- Management in case of unstable vitals- Surgical
- In hemodynamically stable patients- UAE – safe and Effective

REFERENCES

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