

SUCCESSFUL EMBOLIZATION OF SPONTANEOUS UTERINE ARTERY RUPTURE FOLLOWING VAGINAL DELIVERY

HAYLEE BERGSTROM MD, MONICA BHUTIANI MD MED

VANDERBILT  UNIVERSITY
MEDICAL CENTER

BACKGROUND

- Spontaneous uterine artery rupture is a rare but life-threatening cause of postpartum hemorrhage
- Variable clinical presentation and high risk of delayed diagnosis
- Often presents with hypovolemic shock and unclear bleeding source
- Traditionally managed with laparotomy

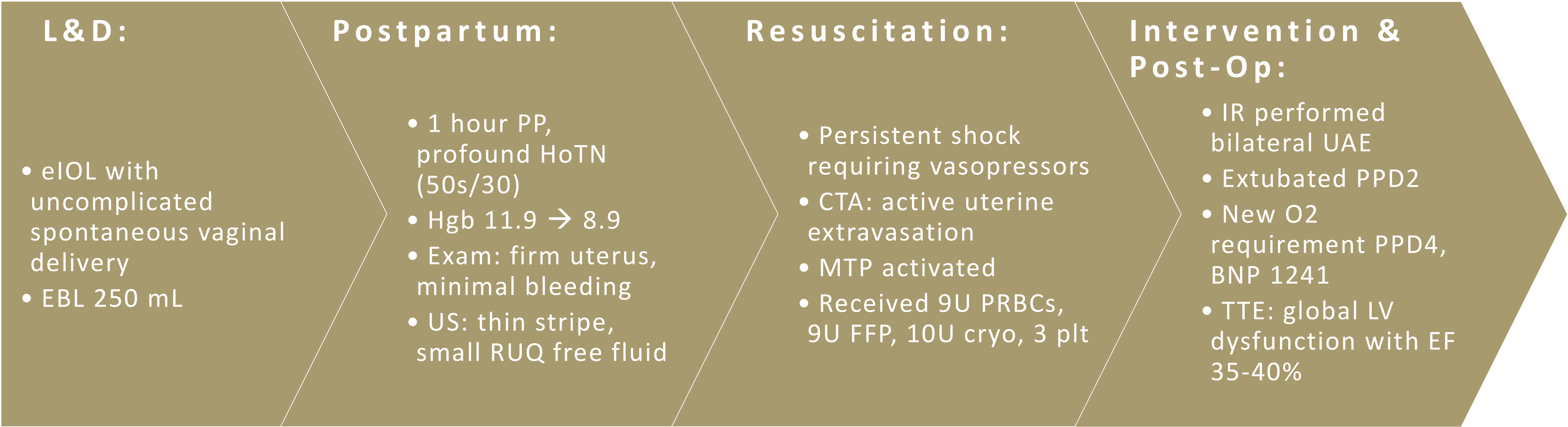
Differential includes:

- Uterine atony
- Retained products of conception
- Iatrogenic injury
- Uterine rupture
- Intra-abdominal bleeding
 - AFE

SUCCESSFUL EMBOLIZATION OF SPONTANEOUS UTERINE ARTERY RUPTURE FOLLOWING VAGINAL DELIVERY

HAYLEE BERGSTROM MD, MONICA BHUTIANI MD MED

CASE A 26-year-old G3P2012 at 39w1d



- Initiation of GDMT
- Discharged PPD 7
- TTE showed normalization of biventricular systolic function (EF 55%)

SUCCESSFUL EMBOLIZATION OF SPONTANEOUS UTERINE ARTERY RUPTURE FOLLOWING VAGINAL DELIVERY

HAYLEE BERGSTROM MD, MONICA BHUTIANI MD MED

VANDERBILT  UNIVERSITY
MEDICAL CENTER

LEARNING POINTS



Maintain high suspicion for intra-abdominal bleeding in postpartum shock with minimal vaginal bleeding



CTA + angiography enable rapid diagnosis when source unclear



UAE is an effective uterus-sparing alternative to laparotomy



Consider complications of massive transfusion and shock

Early detection and multidisciplinary treatment may decrease risk of morbidity and mortality