

Arteriovenous malformation of the uterus – 4 Case reports

Abstract ID : 2499
Submitted by : Jiri Hanacek the 2017-01-30 21:40:43
Category : SEUD CONGRESS 2
Typology : Communication orale / Oral communication
Status : Validated
Authorisation to disclose : Yes/Oui

Arteriovenous malformation of the uterus – 4 Case reports
Hanáček Jiří, Drahoňovský J., Hašík L, Simonidesová M.
Institute of Care about Mother and Child, Prague
3-rd medicine Faculty of Charles University, Prague

Objective: Arteriovenous malformation (AVM) of the uterus is a rare cause of abnormal uterine bleeding but it can result in severe hemorrhage .

The incidence of uterine AVMs is unknown. In a systematic review of 85 cases, the mean age was 30 years. The majority of women were premenopausal (96%) , but AVM also occurred in postmenopausal women. Approximately one-half of AVMs are congenital. Congenital AVMs are thought to develop from a failure of embryologic differentiation leading to abnormal vascular connections . Other AVMs are acquired after uterine surgery (eg, dilation and curettage, cesarean delivery, or myomectomy) or associated with neoplastic disorders including gestational trophoblastic disease or endometrial adenocarcinoma, or maternal diethylstilbestrol exposure. A uterine AVM typically presents with uterine bleeding particularly in a patient with a history of intrauterine surgery and is refractory to hormonal treatment. The bleeding presumably occurs when the vessels erode through or abut the endometrium.

Diagnosis of AVM is done by history of recurrent bleeding non reacting on hormonal therapy and there is worsening after D&C.

Pelvic ultrasound with Doppler is first line option. There is clear visible convolut of vessels and high perfussion.

Magnetic resonance imaging with angiography may also be performed.

Initial treatment consists of hemodynamic stabilization with intrauterine tamponade .

Uterine artery embolization is the most common treatment and appears to be effective with few complications .

Restoration of normal menstrual cycles and successful pregnancies have been reported, but patients should be counseled that embolization may result in impaired fertility and that the safety of pregnancy after embolization is uncertain. Laparoscopic bipolar coagulation of the uterine vessels is also possible. Hysterectomy is an option if the patient does not plan future childbearing and desires definitive therapy

Conservative management of uterine AVM may be possible in some patients. There are some case reports with expectant management or treatment with methylergonovine.

Metod: We want to present you 4 cases of AVM. Three patients have in their history procedure inside the uterus and one patient is without any intrauterine procedure. She had only three spontaeus deliveries with spontaneous delivery of placenta. One is solved by Laparoscopic bipolar coagulation of uterine vessels . After this with succesfull spontaneous pregnancy and the pregnancy was finished by caesarean section. The second case was solved by embolisation of uterine vessels and 2 cases by laparoscopic hysterectomy with selective laparoscopic coagulation of uterine arteries during procedure.

Conclusion: Arteriovenous malformation is rare condition. In our case reports 3 associated with previous intaruterine surgery in history and one seems as congenital disorder. Presentation was with haevy bleeding without efect of D&C (worsening) and hormonal therapy. Our solution was occlusion of uterine vessels. Three cases by laparoscopy and in one case was done embolisation of uterine vessels.

Keywords : Arteriovenous malformation, ligation of uterine arteries, abnormal uterine bleeding

Authors :

References : , , ,

Authors

Jiri Hanacek 1,

1. Gynecology, Institute for the Care about Mother and childe, Prague, CZECH REPUBLIC

Authors (raw format)

Hanacek Jiri - email : jhanacek@seznam.cz Institution : Institute for the Care about Mother and childe Department : Gynecology City : Prague Country : CZECH REPUBLIC Speaker : Yes

