UTERINE ARTERIOVENOUS FISTULA ON CESAREAN SECTION SCAR

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INTRODUCTION

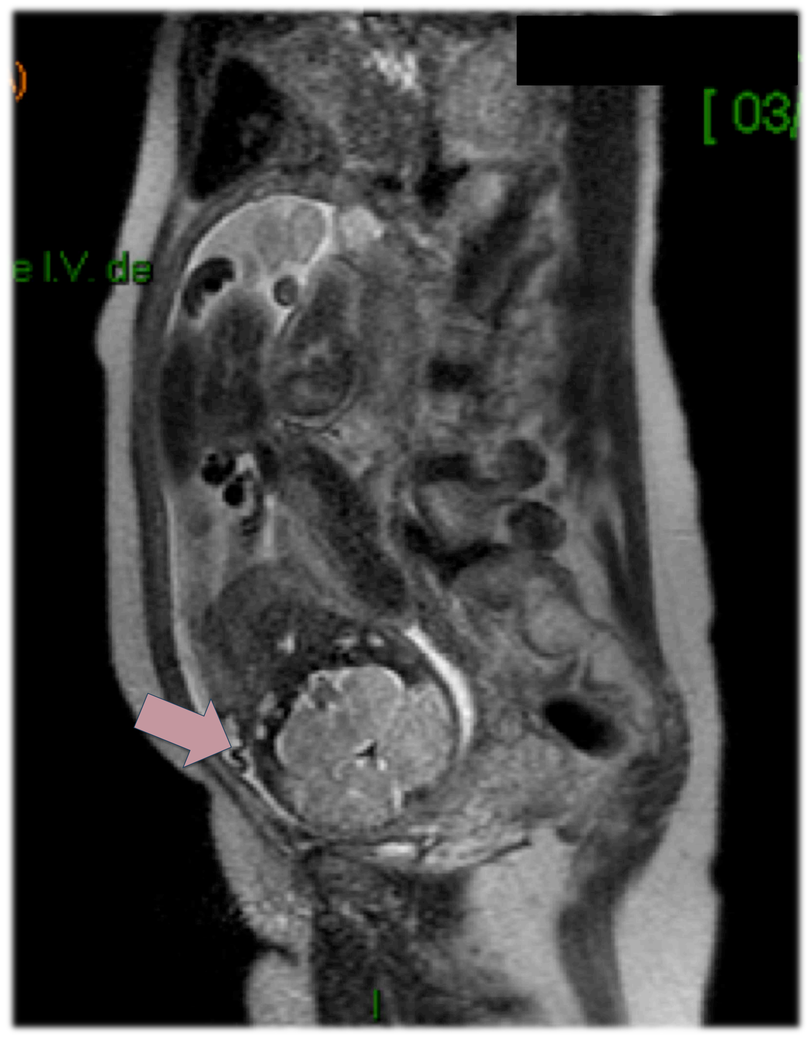
- Uterine arteriovenous fistula (UAVF) is a rare condition which can ocurr with metrorrhagia episodes that can compromise the life of the patient.
- Them could be congenital or usually acquired, often associated with previous curettage or other uterine surgeries (cesarean section -CS-, myomectomy, etc.), infections or even endometrial carcinoma.
- We present the case of a patient with UAVF on the scar of a CS.

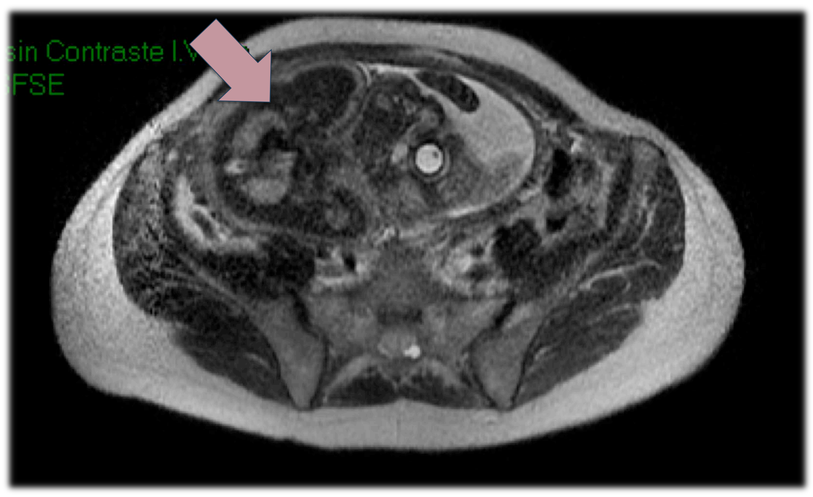
CASE REPORT

A 37 years-old patient, with obstetric history of 2 early abortions (2007 and 2009) both treated with obstetric curettage, and a previous cesarean in 2008, on a 32-week pregnancy, because of a placental abruption, with hemorrhage in the immediate puerperium that required the use of Backri balloon and transfusion of blood products.

In 2010, after several episodes of anemic bleeding, she was diagnosed with high-flow UAVF (secondary to previous uterine surgeries) adjacent to cesarean scar. After two embolizations, the patient presented symptomatic improvement.

In 2013 the patient became pregnant, presenting a normal course pregnancy.





On 37-week of pregnancy, because of its antecedents, MRI was performed to assess the scar of the previous CS and the possibility of placental accreta, showing up the UAVF in the scar area of the CS, invading the myometrium until reaching the amniotic fluid, in contact with the fetal head. The placenta was inserted in the posterior wall and fundus.

Elective CS and tubal ligation were scheduled in week 39+3.

Six months later, and coinciding with the second menstruation, she went to the emergency unit due to very heavy bleeding. She was referred to the gynecological department where it was decided to perform a total abdominal hysterectomy by laparoscopy, which was complicated with bladder rupture and posterior suspicion of vesico-vaginal fistula. Histology: arterial and venous increase área in the myometrial wall, with light dilatation.

CONCLUSION

The UAVF is an uncommon and potentially serious lesion which could be the cause of a hysterectomy due to continuous hemorrhage, as it happened in this case. It can be treated successfully by selective embolization, with good later obstetric results.