

A Case Study of Uterine Arteriovenous Malformation

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Case

A 37 year old women presented to ED with heavy vaginal bleeding and abdominal cramping. She was 3 weeks post suction dilatation and curettage (D&C) for a missed miscarriage at 8 weeks gestation. G2P1 with 1 previous vaginal delivery and no significant medical history. She had an US suggesting retained products of conception (RPOC) with the differential of an AVM. She was admitted for further investigation.

Background

Uterine arteriovenous malformation (AVM) is a rare condition that can cause life threatening bleeding. Gestation trophoblastic disease (GTD) is also rare and has malignant potential. Accurate diagnosis and management of both are therefore important.

Results

The patient had a pelvic MRI which confirmed a 3cm AVM at the fundal endometrium. Histopathology of the products from the D&C confirmed a partial hydatidiform mole. This case was transferred to a tertiary centre under a GTD specialist. She was planned for a diagnostic hysteroscopy +/- interventional radiology. She has subsequently been managed as an outpatient by the Queensland Trophoblastic Centre.

Aims

To present an interesting case of a suspected uterine AVM in a post operative patient with confounding GTD.

Discussion

A uterine AVM results from the formation of multiple arteriovenous communications within the uterus without capillary networks. It has the potential to cause life threatening bleeding due to this direct communication. They can be congenital or acquired; acquired may be associated with uterine surgery, multiple pregnancy or miscarriage. Uterine artery embolisation is the most common surgical management. GTD occurs in 1 in 1200 pregnancies. It causes abnormal growth of the placenta with the development of cysts which can become malignant and therefore all products need to be evacuated. This case was interesting because of the relationship between the diagnosis of GTD with the possibility of RPOC or AVM. This made diagnosis, management and surgical planning challenging in a regional hospital setting.