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Poster Number: EP 023 **Name: Dr. Geeta Kumari**

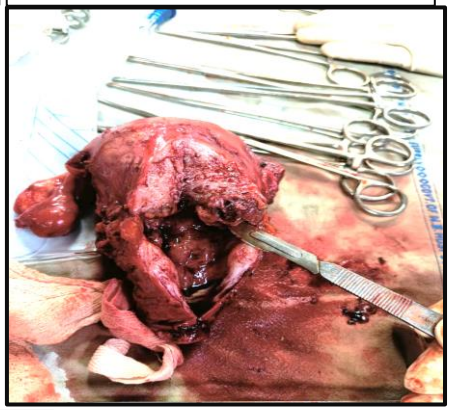
Title: Navigating a rare and potentially life-threatening case of uterine arteriovenous malformation (AVM): From Detection to Treatment

Introduction:

Uterine AVM, belonging to the fast flow variety of vascular malformations with an incidence of about 0.1%,is a vascular hamartoma of the myometrium characterised by the presence of shunts between myometrial arteries and veins often presenting as abnormal uterine bleeding.

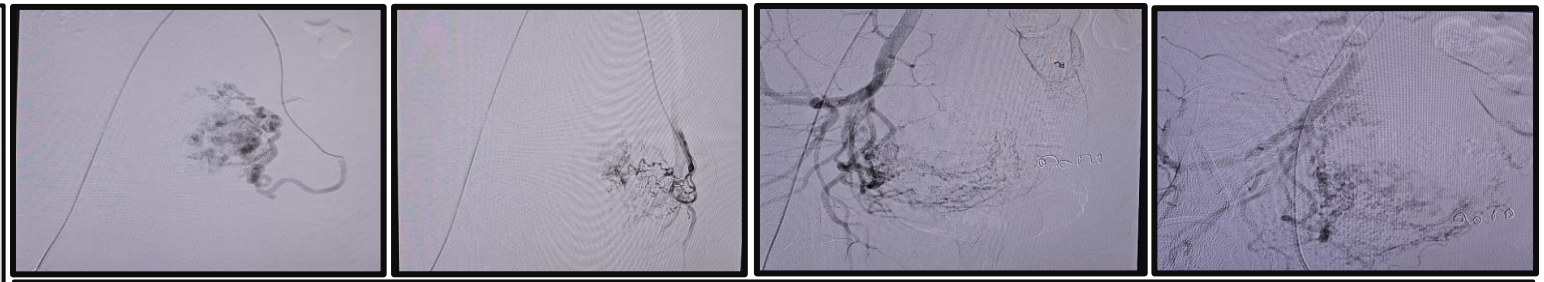
Objectives:

This case report provides an overview of the diagnostic processes and treatment strategies for uterine AVMs, focusing on imaging techniques, clinical implications, treatment options, multidisciplinary care, and follow-up recommendations to improve patient outcomes and overall understanding of the condition.



Case operation procedure:

A 31 yr old female (P_{2+1}) presented to us on 18/6/24 with severe pallor and bleeding P/V since 7/6/24. UPT was negative, blood for beta HCG was 4.2mIU/ml and the patient was hemodynamically stable with normal coagulation profile. USG with colour doppler showed features of minimal RPOC and signs of uterine AVM. She was planned for monthly Leuprolide injections for 6 cycles, first of which she received on 27/6/24. On 7/7/24, she was readmitted with severe bleeding P/V and unstable vitals. Balloon tamponade with Foley's catheter performed and 2 units of PRBC transfused. A CT angiogram on 25/7/24 confirmed a uterine AVM. Under DSA guidance coiling of left uterine artery and embolization of right uterine artery were done following which patient was discharged in a stable condition on 13/8/24. However, she presented with severe bleeding P/V on 18/8/24 following which emergency hysterectomy was performed after taking informed consent.



Discussion:

Uterine AVMs most commonly present with abnormal uterine bleeding which may lead to unstable vitals. Recognition is essential and embolization of uterine arteries is a safe, effective and fertility preserving treatment of choice for symptomatic uterine AVM.

Conclusion:

Uterine AVMs' incidence is increasing both due to improved diagnosis and increase in uterine surgeries in the recent years .Treatment of the same should be individualised taking into account patient's hemodynamic stability, reproductive wishes, and the severity of the AVM, as assessed by its size and peak systolic velocity.

References:

https://pmc.ncbi.nlm.nih.gov/articles/PMC9148331/, Williams's Gynaecology

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Declaration: No relevant conflicts of interest involved herein.