Happy Gynecon 2020 Part II



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Successful medical management of uterine arteriovenous malformation (AVM)

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Objective – AVM is a rare condition and can be life-threatening if not managed properly. The aim of this case report is to assess medical treatment of a symptomatic case of AVM.

Background - Uterine AVM is abnormal and nonfunctional connections between the uterine arteries and veins. It present with abnormal vaginal bleeding ranging from frequent spotting to catastrophic hemorrhage; menorrhagia, metrorrhagia, menometrorrhagia, and postcoital bleeding. Uterine Artery Embolization is the first choice of treatment in symptomatic AVM in patients with expectations of future fertility. There have been few cases reported with successful medical management.

Case summary- A 29 years patient , P1L1A1 presented with complaints of bleeding per vaginum for the last 10 days. She had a history of MTP pills taken by herself 6weeks back . On p/v examination, bleeding was minimal. USG was done s/o uterine AVM, Hb was 8 gm%, beta HCG was 0.256 Miu/ml. She was started on Tab. ovral -L. Her bleeding stopped but later she again presented to AIIMS emergency with complaints of profuse vaginal bleeding for 1 day and features of shock. Her Hb was 4.5 gm%. She was managed conservatively with tranexamic acid, blood transfusion. CECT pelvis done s/o few small tortuous arterial branches, mostly from right artery in anterior uterine wall. She was planned for uterine artery embolization, however she was put on ovral- L for continuous 3 cycles after which she had no complaints of vaginal bleeding.

Conclusion- surgery is the preferred for treatment of AVM but it can also managed medically.

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