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Endovascular treatment of arteriovenous fistula with pseudoaneurysm after uterine curettage

Introduction

Uterine curettage after spontaneous pregnancy loss can cause complications.
The most common are infection, formation of adhesions, bleeding, or perforation [1,2].
A less frequent complication is a development of uterine arteriovenous fistula (AVF).

Purpose

demonstrate the efficacy and superiority of endovascular treatment in terms of efficacy and reduced invasiveness in the treatment of uterine vascular malformations

Material and Methods

We describe two cases of young women of childbearing age who, after a uterine curettage, showed the presence of a uterine arteriovenous fistula (one of which associated with a pseudoaneurysm) In both cases women have metrorrhagia. We have preliminarily studied the patients with CT scan and we have treated both with contralateral femoral access (5fr introducer-sheat) and selective catheterization of the uterine branch that determined the arteriovenous fistula. We used microcatheter and in one case only particles (500-700 micron), in the other case (with the association of pseudoaneurysm) detachable coils.

Results

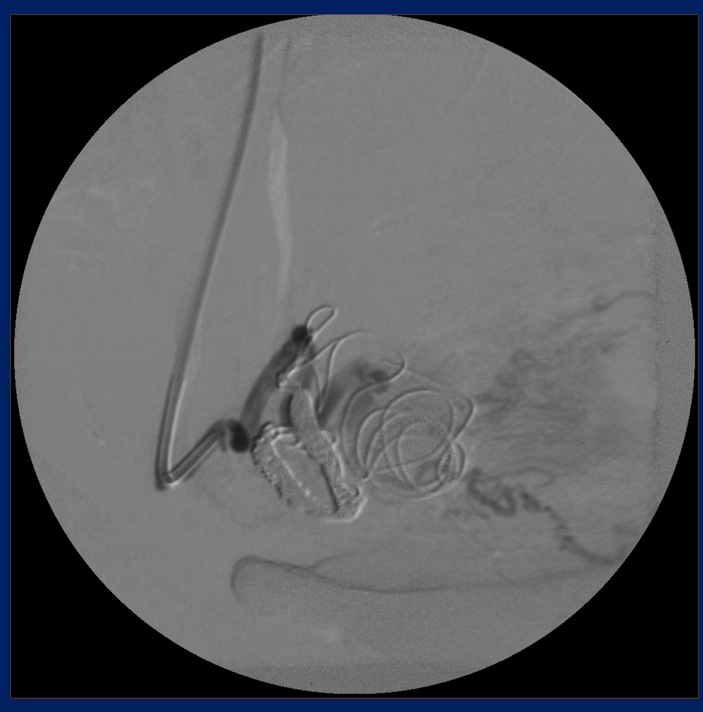
At the immediate check at the end of the procedure, the complete embolization of the vascular malformation was observed. The result was confirmed at doppler-ultrasound check after 24 hours. The patients had resolved the symptoms of metrorrhagia and preserved the uterus.

Conclusions

In young patients, especially with a desire to preserve fertility, the endovascular treatment allows, compared to surgery, minimum invasiveness and reduced recovery time

CT scan of uterine arteriovenous fistula with pseudoaneurysm

Arteriovenous fistula with pseudoaneurysm



Result after coil embolization

Ultrasound ceck after 24h

References

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