

Hysteroscopic Identification of a Uterine Arteriovenous Malformation

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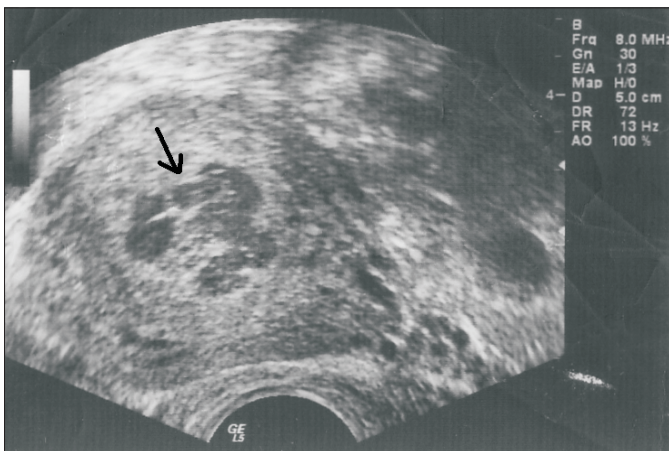
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A 37-year-old woman, gravida 3, para 1, abortus 1, had vacuum curettage of a missed abortion at 8 weeks' gestation. Four months later she remained amenorrheic. Ultrasound identified a 2 × 2 cm mass consistent with retained products of conception (Figure 1). Doppler studies were performed and showed no flow to the mass. Hysteroscopic removal of the mass was planned, but on hysteroscopic inspection of the uterine cavity a pulsating 2 × 2 cm mass was seen in the upper right uterine cavity, consistent with an arteriovenous malformation (AVM) (Figure 2). The procedure was terminated, and selective embolization of the AVM was subsequently performed.

Uterine AVMs may be congenital or occur after pregnancy, uterine surgery, uterine infection, or gestational trophoblastic disease.¹ The diagnosis is made using colour Doppler ultrasound, MRI, or pelvic angiography.

Treatment options include laparoscopic coagulation of uterine vessels,² selective embolization,³ medical treatments with methylergonovine maleate,⁴ danazol,⁵ or a GnRH agonist,⁶ and hysterectomy. Successful pregnancy following treatment of uterine AVM has not been reported.

Figure 1. Ultrasound demonstrating suspected retained products of conception



Consent to publish these images was obtained from the patient.

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Figure 2. Hysteroscopic view of arteriovenous malformation

