NESIR

Case Presentation

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Eugene I. Tikh, MD, PhD

UMassMemorial Medical Center
A Member of UMass Memorial Health Care

University of Massachusetts
UMASS. Medical School

CLINICAL PRESENTATION

- 53 y/o post menopausal female
- CC: postmenopausal bleeding
- 3 month duration, persistent and heavy

- Endometrial biopsy and pap-smear negative

OB/GYN Hx

- Molar pregnancy at age 17

- Tx w D&C and radiation

- 2 normal pregnancies w Cesarean delivery
- Tubal ligation w second C-section

PMHx

- DM2
- Hyperlipidemia
- Diverticulitis
- Seasonal allergies
- Panic d/o

FHx

- Noncontributory

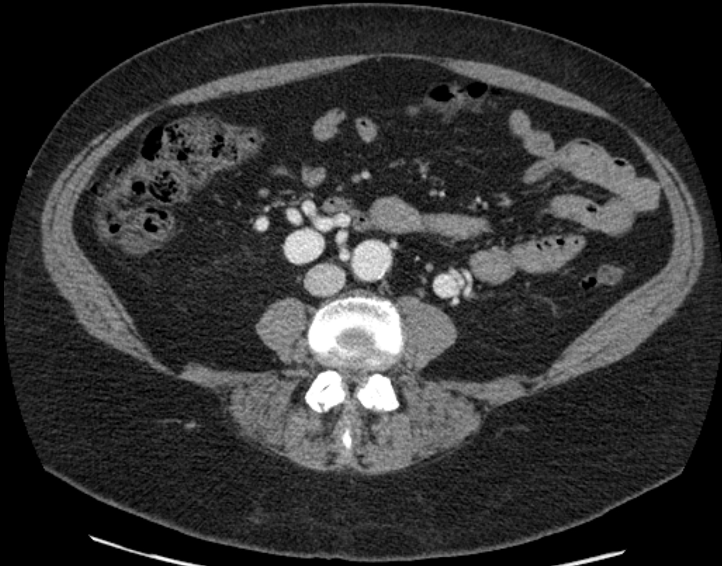
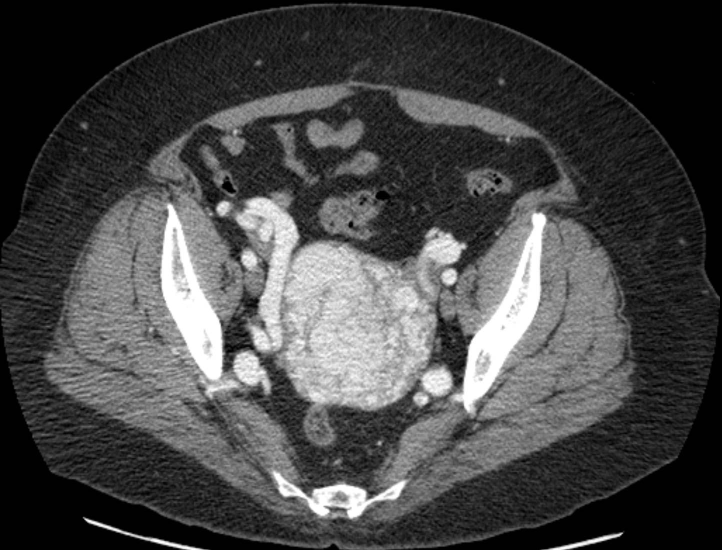
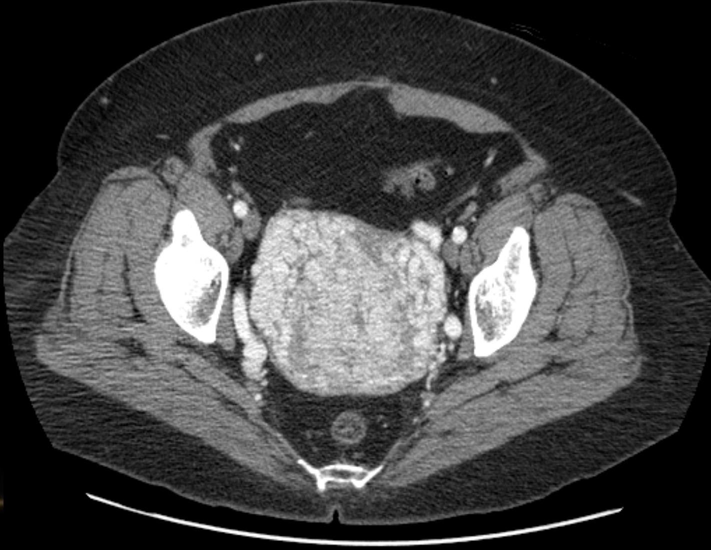
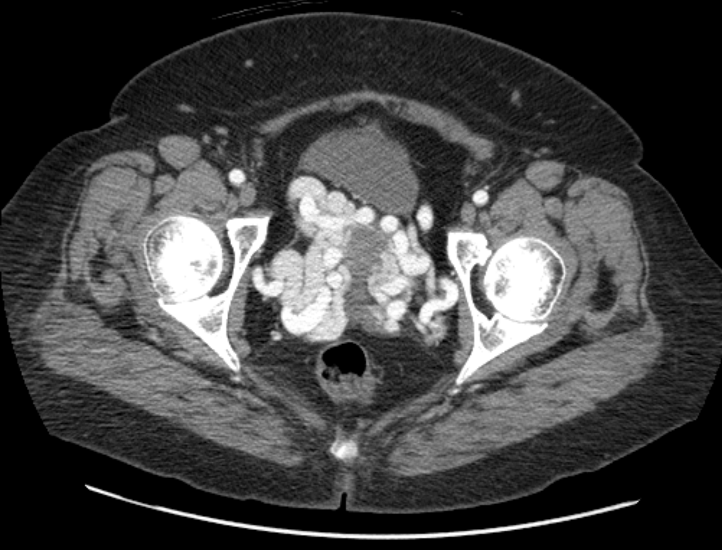
PSHx

- Tonsillectomy

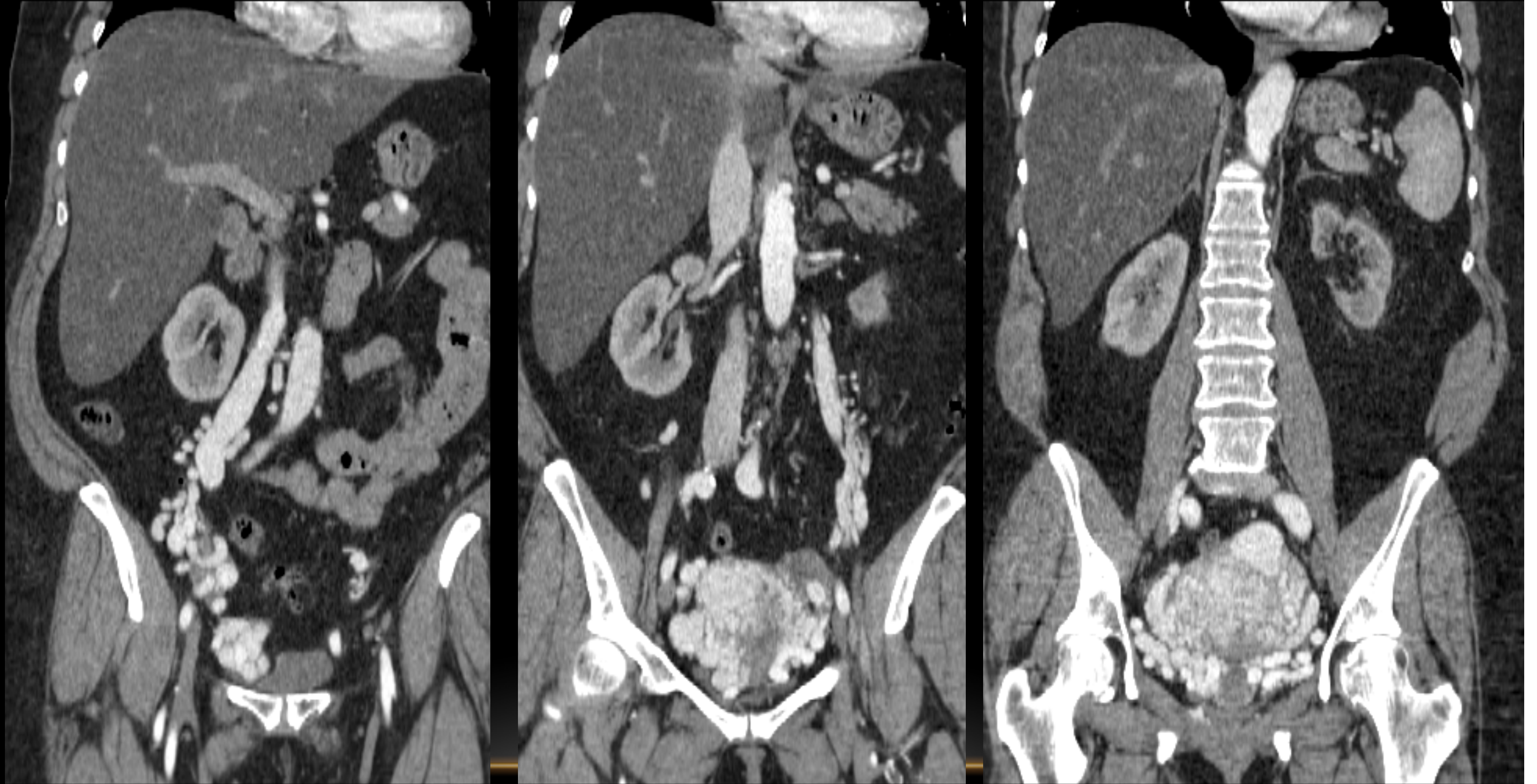
IMAGING

- US
  - Enlarged uterus with abnormal vascularity
  - Ovaries not well visualized
- CTA / MRA
- Complex AV malformation

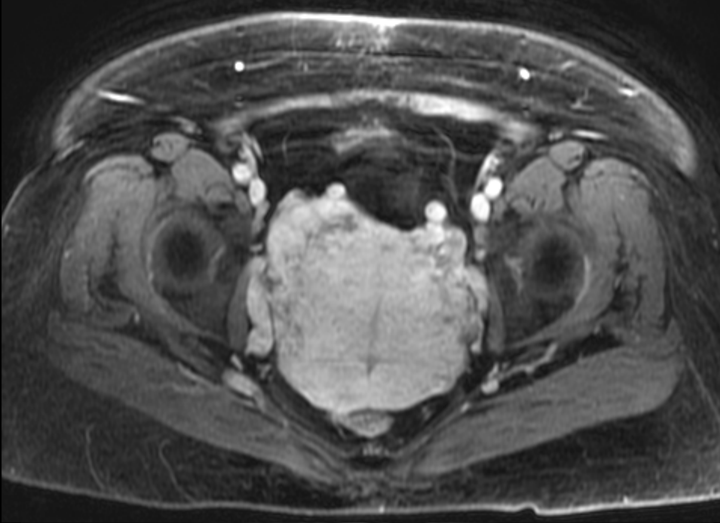
CTA

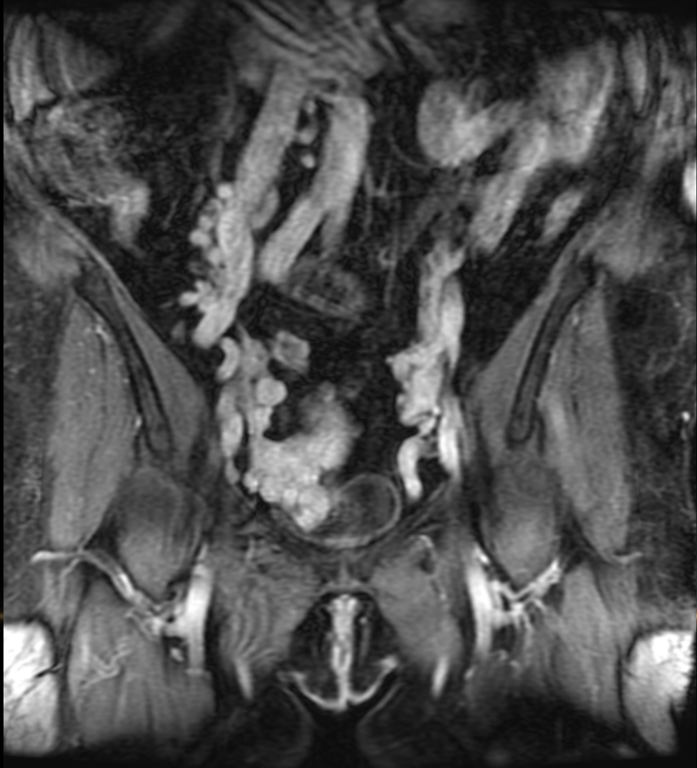





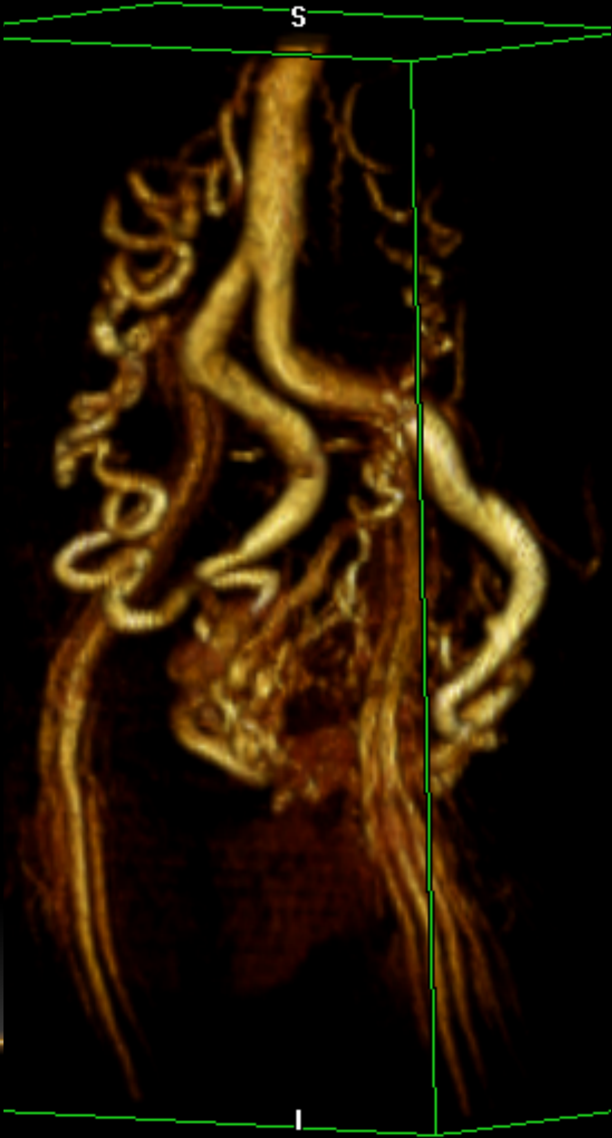
CTA



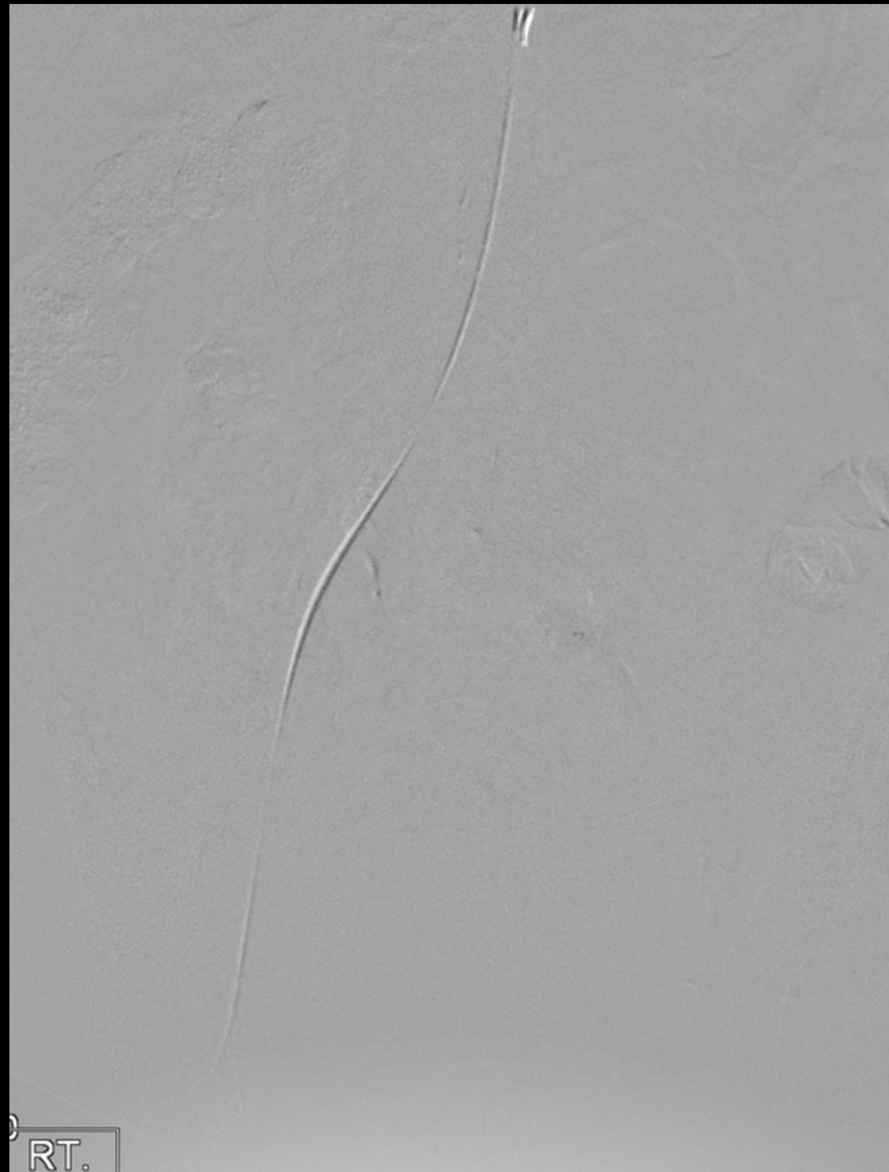
MRA







ANGIOGRAPHY



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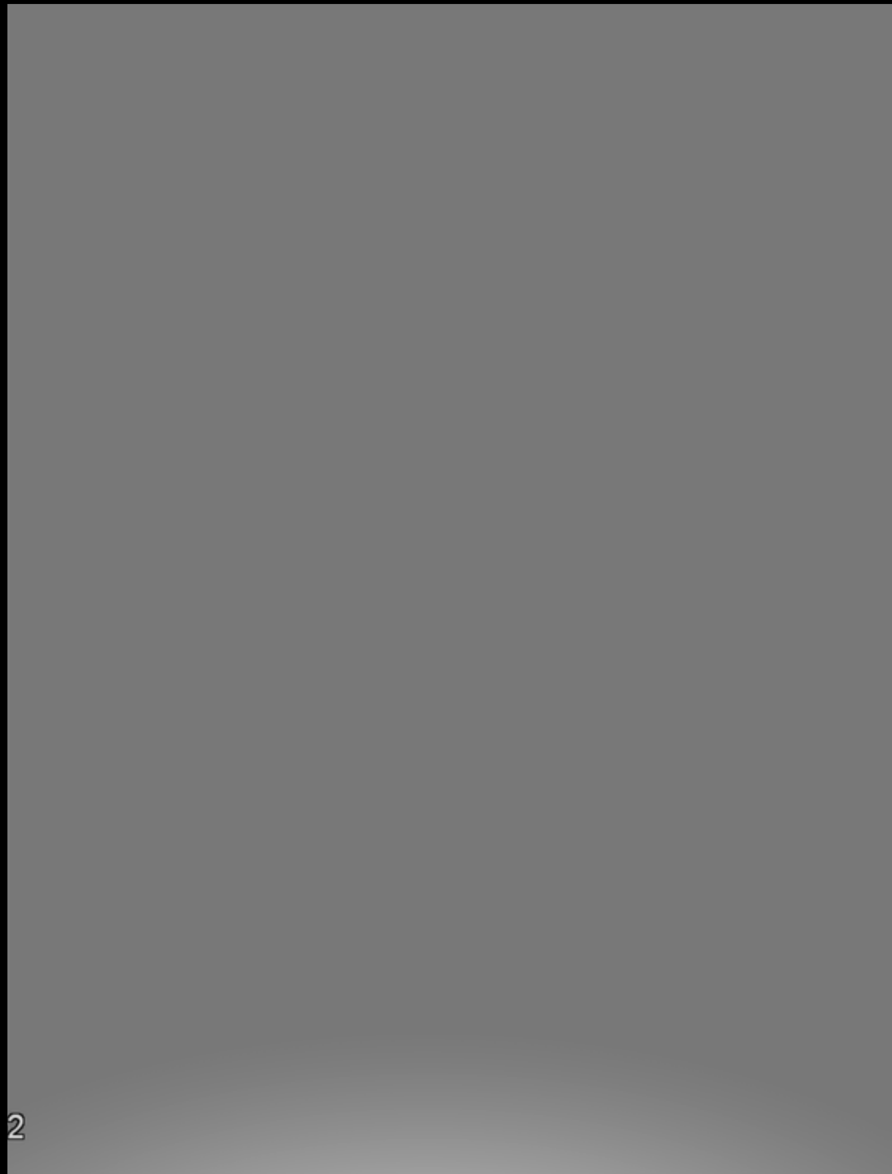

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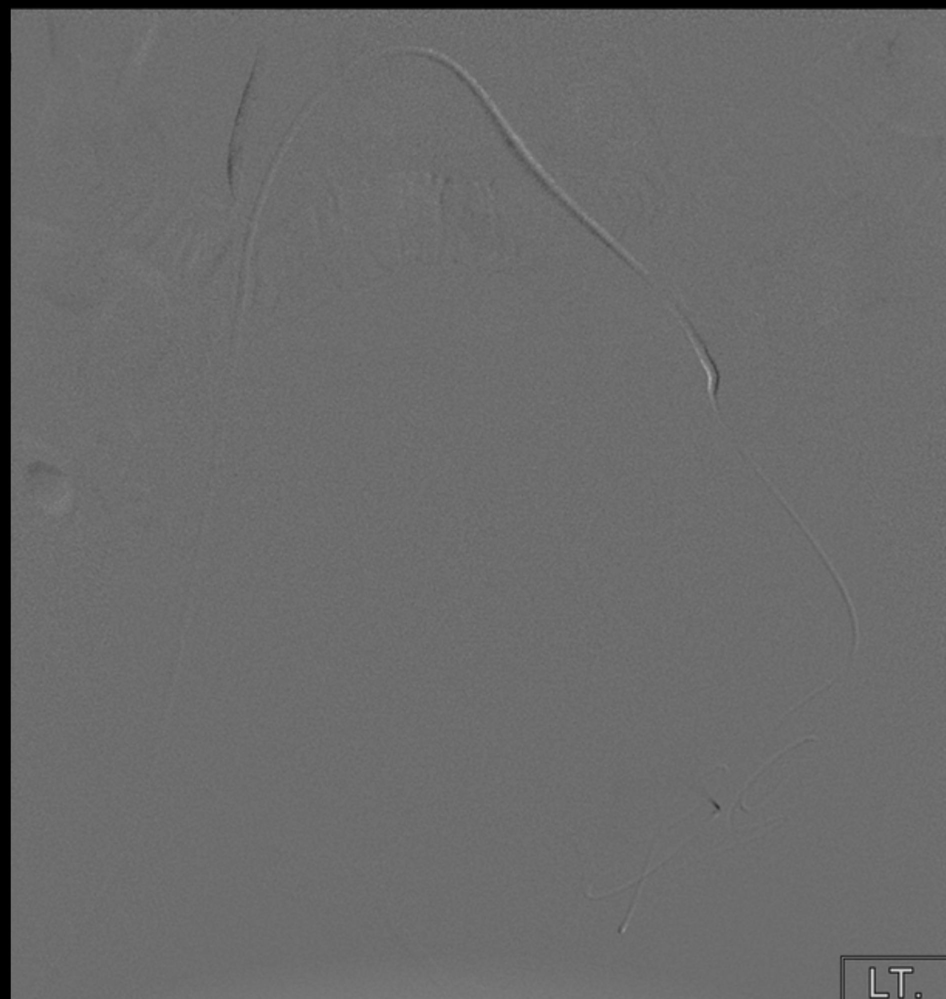

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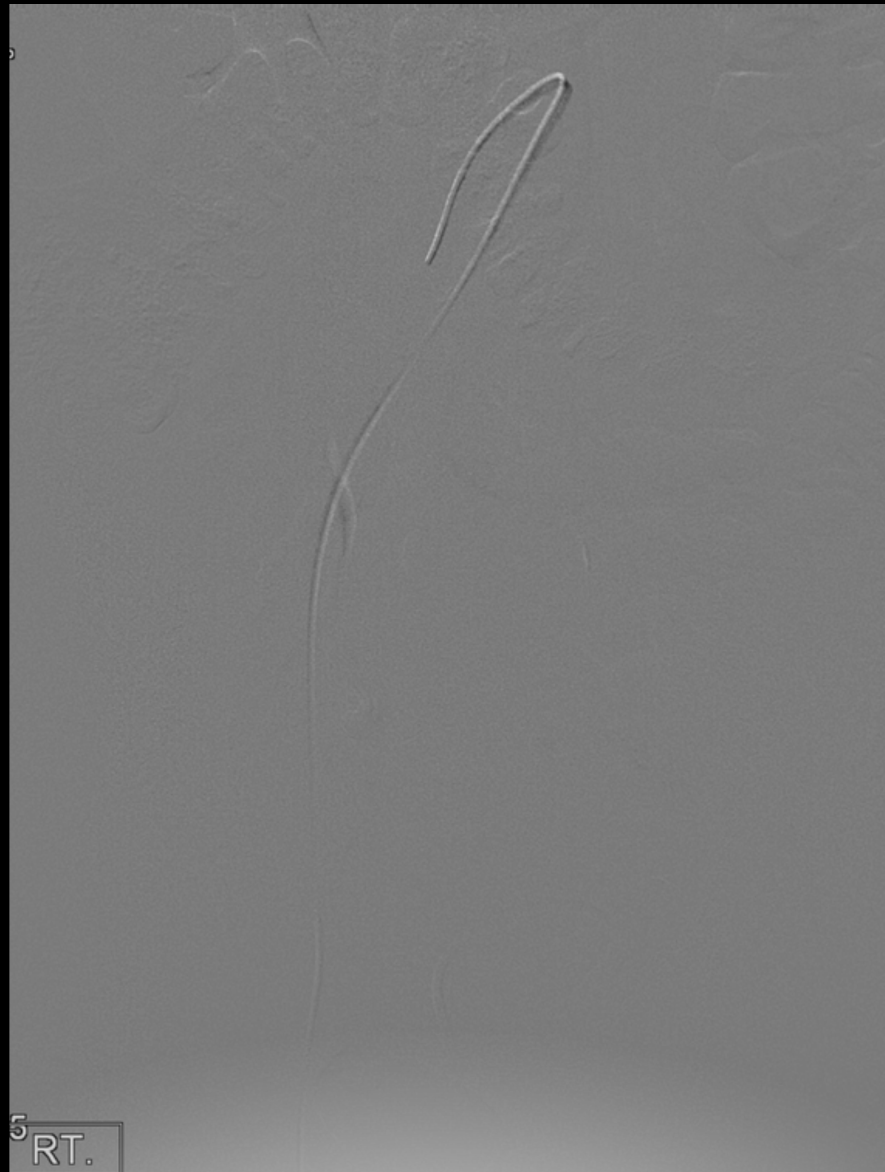

UTERINE AVM & DIAGNOSIS

- Congenital
- Improper arrest in angiogenic process

- Imaging
- Angiography considered “gold standard”
- US and MRI are most useful modalities

- Aquired
- Related to uterine trauma
- - D & C
- - Cesarian delivery
- RPOC
- Choriocarcinoma
- Gestational trophoblastic disease
- Endometrial / cervical CA
- DES exposure

Semin Intervent Radiol. 2007 September; 24(3): 296–299

UTERINE AVM TREATMENT

- Definitive treatment is hysterectomy
- Most patients are of childbearing years

- Transcatheter treatment is an effective alternative
- Embolization has been described with multiple methods
  - - PVA
  - - Coils
  - - Gelfoam
  - - Combination
- Fertility can be preserved with reports of successful pregnancy following treatment

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J Vasc Interv Radiol. 2003 Nov;14(11):1401-8

DISCUSSION

- Patient seen by OB/GYN following angiography
- Considered too risky for hysterectomy given extent of neovasculature
- Suggested to be managed with endovascular therapy

- Can patient be treated by embolization alone?

THANK YOU