HEAVY VAGINAL BLEEDING POST-SURGICAL TERMINATION OF PREGNANCY (TOP) DUE TO UTERINE ARTERIOVENOUS MALFORMATION (AVM): THREE CASE REPORTS AND LITERATURE REVIEW

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Objective
Uterine arteriovenous malformation (AVM) is an important cause of life-threatening haemorrhage post-surgical termination of pregnancy (TOP) for an unwanted pregnancy.

Materials & Methods
A 28-year old lady, G4P2, had a TOP at 8+6 weeks gestation. She presented 8 days later with heavy vaginal bleeding and symptomatic anaemia.

Two other cases, 19 and 17 year olds, had a TOP at 10 and 14 weeks gestation respectively. They presented 7 weeks and 1 week later with heavy bleeding.

Three dimensional (3D) power Doppler ultrasonography demonstrated findings indicative of a uterine AVM, with no retained products of conception seen. Patients were followed up for symptomatic resolution of bleeding, with disappearance of abnormal vascularity on subsequent scans.

Results
The first patient underwent a bilateral uterine artery embolisation (UAE) successfully. She was discharged 2 days later with resolution of bleeding and anaemia symptoms. Repeat 3D ultrasonography showed complete resolution of the AVM. She resumed normal menstrual cycle 1 month later. This is compatible with literature review, where the technical and clinical success rates are 90.0% and 89.5%, respectively¹.

The other patients were treated conservatively, in view of age and future reproductive potential. Intramuscular progesterone and combined oral contraceptive pills arrested the bleeding. Repeat 3D ultrasonography showed resolution of the AVM, with recovery to normal menstrual cycle.

Conclusion
Uterine AVM is an important cause of heavy vaginal bleeding in women of reproductive age and requires a high index of suspicion. UAE is a safe and effective first-line therapy. Longer follow-up is required to assess future reproductive ability, especially in young patients.