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# A CASE REPORT ON UTERINE ARTERIOVENOUS MALFORMATION IN POSTMENOPAUSAL WOMAN

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## ABSTRACT

Uterine arteriovenous malformations (AVMs) are rare vascular anomalies characterized by abnormal connections between arteries and veins within the uterine wall. Although more common in reproductive-age women, they can occur in postmenopausal women as well. Here we present a case of postmenopausal woman who came with complains of profuse vaginal bleeding , on diagnostic workup patient was found to have uterine arteriovenous malformation(AVM) which was managed with hysterectomy. This report necessitates to have a differential diagnosis of AVM in abnormal uterine bleeding.

## KEYWORDS

Postmenopausal Bleeding, Uterine Av Malformation, Av Fistula

## INTRODUCTION

Uterine arteriovenous (AV) malformations in postmenopausal women represent a rare but significant vascular anomaly that can pose diagnostic and therapeutic challenges. Typically, AV malformations involve abnormal connections between arteries and veins in the uterus, leading to abnormal blood flow patterns. In postmenopausal women, these malformations may present with atypical symptoms such as vaginal bleeding, pelvic pain, or incidental findings on imaging studies.

Diagnosis of uterine AV malformations in postmenopausal women relies heavily on imaging modalities like Doppler ultrasound, magnetic resonance imaging (MRI), or angiography, which can accurately delineate the abnormal vascular architecture. Differential diagnosis often includes other causes of abnormal uterine bleeding or pelvic pain, necessitating a thorough clinical evaluation.

Management strategies vary depending on the patient's symptoms, the extent of the malformation, and reproductive status. Treatment options may range from conservative measures such as observation and hormonal therapy to more invasive interventions such as embolization or surgical resection in severe cases.

Given the potential for significant morbidity, including recurrent bleeding and anemia, understanding and promptly diagnosing uterine AV malformations in postmenopausal women is crucial for optimizing outcomes and ensuring appropriate management. This review explores the clinical features, diagnostic approach, and management strategies tailored to this specific patient population.

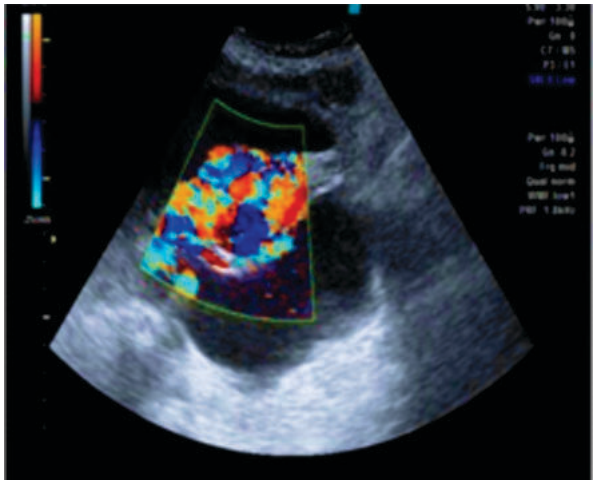

**Fig 1 Doppler Showing Blood Draining Into The Cystic Spaces**

### Case Study

A 56 year old postmenopausal women was referred from a local hospital with profuse bleeding per vaginum first episode since 12 hrs. There was no history of trauma or abdominal pain or coital activity. Before menopause patient had regular cycles and history of three caesarean section and a molar pregnancy after 1st child for which dilatation and curettage was done .Patient also gives history of hypertension since 5 years on treatment and CVA on anticoagulation therapy. On examination patient was alert and conscious. PR-99/min, BP-90/60mmhg, Spo2-99% in room air. Pelvic examination revealed a bulky uterus with profuse bleeding through os. Ultrasound revealed multiple cystic spaces, doppler study revealed blood filling the cystic spaces. MRI was done to confirm the diagnosis of uterine av malformation. Patient was planned for hysterectomy as bleeding was intractable with medical management. Intraoperatively blood vessels were dilated and blood los was 1500ml which was managed with blood transfusion. Postoperative period was uneventful and patient was discharged on Day 7of postoperative period

## CONCLUSIONS

In conclusion, this case underscores the importance of considering uterine arteriovenous (AV) malformation as a differential diagnosis in postmenopausal women presenting with abnormal uterine bleeding. The rarity of this condition in this age group emphasizes the need for heightened clinical suspicion and appropriate diagnostic evaluation, including advanced imaging techniques such as Doppler ultrasound and magnetic resonance imaging (MRI).Effective management of uterine AV malformations in postmenopausal women requires a tailored approach based on the severity of symptoms, vascular anatomy, and patient preferences

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