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Antepartum hemorrhage from previous-cesarean-sectioned uterus as a potential sign of uterine artery pseudoaneurysm

Key words: Uterine artery pseudoaneurysm, Vaginal delivery,
Primary postpartum hemorrhage, Transcatheter arterial
embolization

Research Summary

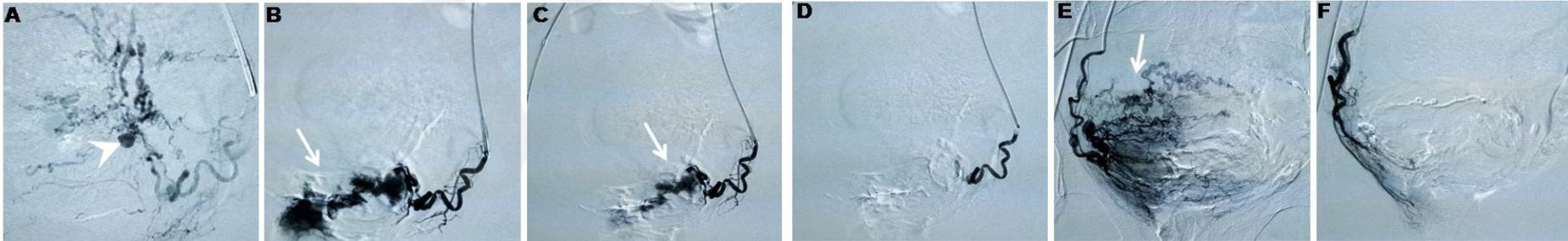
we report a case of prior CS-related UAP manifesting as primary PPH after an uncomplicated vaginal delivery. This case required emergency embolization and is notable for several reasons., and

- UAP can occur even during an uncomplicated vaginal delivery, and may not necessarily be linked with “traumatic procedure-associated consequence”.**
- Antepartum hemorrhage of the previously scarred uterus was a potential sign of the ruptured UAP.**
- Color Doppler sonography sometimes deceived the physician as the characteristic features of UAP did not appear to be present.**

Case report

37-year-old woman with prior CS-related UAP manifesting as primary PPH after an uncomplicated vaginal delivery, and emergency embolization was successfully implemented.

- **Digital subtraction pelvis angiography and embolization of uterine artery pseudoaneurysm.** (A) pseudoaneurysm of the left uterine artery at the proximal portion (arrowhead). (B) active extravasation (arrow) of contrast material. (C) the first embolization session demonstrates incomplete occlusion of target artery (arrow). (D) enhanced embolization obtained complete exclusion of the left uterine artery. (E) an engorged and tortuous uterine artery (arrow) (F) regular embolization shows decreased blood supply of the branch of left uterine artery.



Innovation points

- **It is believed that pseudoaneurysm formation is due to a local traumatic procedure leading to vascular injury. However, our case report as well as other published case serials demonstrated that UAP can occur even during an uncomplicated vaginal delivery, and may not necessarily be linked with “traumatic procedure-associated consequence**
- **Urgent pelvic angiography may be essential in highly suspected UAP patients even if there is no conclusive evidence from Color Doppler sonography due to its limitations with both sensitivity and/or experience.**