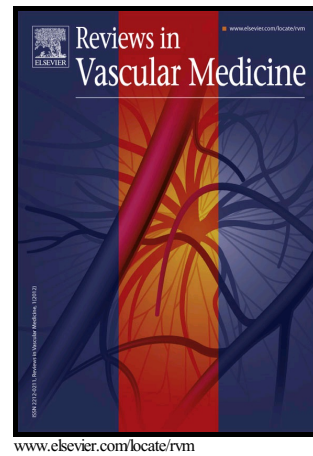


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UTERINE ARTERIOVENOUS
MALFORMATIONS: MANAGEMENT
DILEMMA

Ahmed Samy el-agwany



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PLACENTAL POLYPS AND ACQUIRED UTERINE ARTERIOVENOUS MALFORMATIONS :
MANAGEMENT DILEMMA

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Abstract :

Purpose :Abnormal uterine bleeding in the postabortal and postpartum period requires special management. Doppler sonography with clinical and laboratory findings are important to narrow the differential diagnoses. Presence of increased uterine vascularity and arteriovenous shunting is non-specific and can be detected in retained trophoblastic tissue, gestational trophoblastic disease, arteriovenous malformation (AVM) and placental polyp .

Methods and results: We present two cases of placental polypi with AVM after abortion and after vaginal delivery . First case is a case of a multiparous woman with postpartum bleeding three month after delivery. The second is a case of nulliparous female with postpartal bleeding after two months of abortion.

Conclusions : Dilatation and curettage is therapeutic for evacuation of RPOC and non-invasive hydatiform mole, but can induce massive, life-threatening bleeding in AVM, thus contraindicated in cases of high velocity flow more than 20 cm /sec. Treatment of uterine AVM varies from medical management (hormonal therapy), minimally invasive uterine artery embolization to more definitive surgical hysterectomy, depending upon age of the patient, size and site of the lesion, and the desire to retain future fertility.(5)

Key words: uterine bleeding, retained products of conception, uterine arteriovenous malformation, hysteroscopy, curettage .

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