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Successful uterine artery embolisation in life-threatening bleeding cervical fibroid

Nurazlina binti Azizi, Wong Wen Hao, Nik Sumayyah binti Nik Mohd Nor, Noor Haliza binti Yussoff

Hospital Tunku Azizah, Kuala Lumpur, Malaysia

ABSTRACT

Introduction: Uterine artery embolization (UAE) has emerged as an effective minimally invasive method to control uterine bleeding. It causes devascularization of the fibroid, which leads to infarction and subsequently shrinkage of the fibroid. In the setting of an acute bleeding from a pelvic mass, UAE may obviate the need for an emergency surgery, thereby decreasing morbidity and mortality, and allows for proper reassessment and planning for a definitive surgery. **Case Description:** We present a case of a 49-year-old lady with torrential per vaginal bleeding from a cervical fibroid successfully managed with UAE, complicated by complete fibroid expulsion two months after UAE. The patient reported complete resolution of her symptoms following the expulsion of the fibroid and was well during follow-up. **Discussion:** Fibroid expulsion (FE) is a recognised complication after UAE where following embolization, necrotic fibroid material form inside the uterine cavity will be expelled from the uterus. FE is generally tolerated well with approximately half needing no operative intervention. Risk of needing surgical intervention after FE – hysteroscopy, transvaginal myomectomy, or even urgent hysterectomy depends on numerous factors – the ability of the tissue to pass out by itself, whether there are signs of systemic infection and response to antibiotics. This case report shows that UAE can potentially be useful in life-threatening bleeding situations. Involvement of a multidisciplinary team - gynaecologist and interventional radiologist is essential in managing the acute situation and the long-term sequelae, especially in managing FE.

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A moving retroperitoneal mass in pregnancy

Wong Wen Hao, Nurazlina Binti Azizi, Nik Sumayyah Binti Nik Mohd Nor, Rahmah Rashidah Binti Hashim, Noor Haliza Binti Yussoff

Department of Obstetrics and Gynaecology, Hospital Tunku Azizah, Kuala Lumpur, Malaysia

ABSTRACT

Introduction: Retroperitoneal mass may resemble uterine adnexal mass on antenatal sonography. **Case Description:** In this video, we present a case of a 29-year-old lady in her second pregnancy who came to us with lower abdominal pain and lower urinary tract symptoms at 9 weeks of gestation. Examination revealed a tender pelvic mass. Ultrasonography showed a viable intrauterine pregnancy and a right adnexal mass. The diagnosis of right ovarian cyst accident was made, and an emergency laparoscopy was performed. Intra-operatively, a retroperitoneal mass with peristaltic movement was seen. Both uterine adnexa were normal. The procedure was abandoned, and a repeat abdominal ultrasonography was performed. It revealed an ectopic right pelvic kidney with moderate hydronephrosis and hydroureter. Her symptoms of lower abdominal pain resolved after antibiotic treatment for urinary tract infection. Her pregnancy progressed well to term and a healthy baby was born vaginally. **Discussion**: The incidence of renal ectopy is approximately 1 in 1,000. It may be diagnosed incidentally for the first-time during pregnancy. It is associated with urinary tract infection, obstruction, and renal calculi. A patient with such complications may present with lower abdominal pain, fever, and lower urinary tract symptoms. Dilated renal calyces, pelvis and ureter of a pelvic kidney may appear as an adnexal mass posterior to the uterus on ultrasonography. The finding of an empty renal fossa may clinch the diagnosis of an ectopic pelvic kidney. Diagnosis of ectopic pelvic kidney should be considered when evaluating pregnant ladies with symptomatic pelvic mass.