Chorioadenoma destruens: A rare presentation

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ABSTRACT

Introduction: Gestational trophoblastic neoplasm refers to a group of malignant neoplasm that consists of abnormal proliferation of trophoblastic tissue. It comprises of invasive mole or chorioadenoma destruens, choriocarcinoma, placental site trophoblastic tumour and epithelioid trophoblastic tumour. Case Description: We report a case of a 42-year-old lady with invasive mole who presented in hypovolaemic shock due to massive bleeding secondary to uterine perforation. The invasive mole has eroded the uterus and uterine vasculature leading to perforation. This patient has fertility issues; therefore, wishes to preserve the uterus despite the bleeding incident. Uterine perforation was successfully repaired, and patient recovered well from the surgery. There were metastases to the lung and liver. She underwent chemotherapy and fortunately has complete clinical response and disease free till now.

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"Block the roads, lock the doors"

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ABSTRACT

Introduction: Pseudoaneurysm of the uterine arteries is a rare cause of secondary postpartum haemorrhage (PPH), following caesarean section or vaginal delivery. Whilst uterine artery embolization serves as an important and effective treatment for most of symptomatic uterine artery pseudoaneurysm, it is not without the risk of failing. This case report was written with the objective of identifying the role of balloon tamponade as a method in managing secondary PPH secondary to uterine arteries pseudoaneurysm. We also aim to show that with colour doppler ultrasound as a basic imaging equipment in hospitals, we can spare the repercussion of a missed diagnosis of uterine artery pseudoaneurysm. Case Description: We report a case of near missed uterine artery pseudoaneurysm with nidus measuring $1.7 \times 2.7 \times 2.8 \text{ cm}$ presented with secondary PPH 19 days post LSCS, who underwent bilateral uterine arteries embolization using PVA particles and gelfoam until near stasis. Angiogram post EUA reveals no residual pseudoaneurysm, however she rebled 2 days following the procedure. Repeated transabdominal ultrasound showed similar colour doppler uptake at uterine fundus which indicates reperfusion of the pseudoaneurysm. Block the roads, lock the doors, bleeding was managed successfully with Bakri Balloon tamponade. Discussion: Bakri Balloon used as tamponade may be a treatment of choice with single lesion pseudoaneurysm not involving the lower segment of the uterus. Further studies however needed to determine whether the pseudoaneurysm is amenable to obliteration using prolonged balloon tamponade.