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CASE REPORT

Uterine Artery Embolization for Recurrent Secondary PPH — A Case Report

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Abstract

Secondary PPH is bleeding per vagina from 24 hours to 6 weeks after delivery, which can lead to significant morbidity and mortality[1,2]. Incidence is 1.3%. Common causes are RPOC, sub-involution, abnormal placental invasion, coagulopathies[3]. A case of 25 years old came with complaints of passage of clots with history of LSCS 20days back. USG revealed 10.1*4.9*6.2 cm, no RPOC. MRI is normal. She has recurrent PPH even after medical management. She was treated with uterine artery embolization. Her postoperative period was uneventful. On follow up, symptoms resolved.

Keywords: Postpartum Haemorrhage; Uterine artery embolization; Recurrent PPH

Introduction

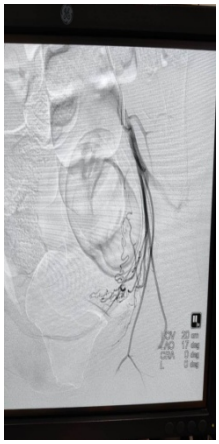
Clinically PPH is defined as any amount of blood loss following birth to end of puerperium which adversely affects general condition of the patient. Quantitative definition (WHO) is amount of blood loss in excess of 500ml following birth of baby. Primary PPH occurs within 24hours after delivery and secondary PPH occurs for more than 24hours upto 6 weeks after delivery. It can lead to significant morbidity and mortality[2]. Incidence of secondary PPH is 1.3%

Case report

A 25-years woman P2L2 with previous 2LSCS was referred to our institute with c/o bleeding per vagina with clots. History of LSCS done 20days back in Holakere and delivered a single live term male baby of weight 2.8 kgs. post-natal events are uneventful. Patient was discharged after 5 days. Now she presented with above complaints on examination uterus contracted well, nontender, lscs scar healthy.

Per speculum examination massive bleeding with clots present. Estimated blood loss of > 1000 ml per vaginal examination clots presents os closed. On USG uterus size 10.1*4.9*6.2 cm, it showed no RPOC with mild subcutaneous edema along the suture line. She was treated with I.V antibiotics, oxytocics[3]. PRBC transfusion done and was discharged after 3 days. She was stable at the time of discharge and no per vaginal bleed.

15 days later she presented with 2nd episode PPH in shock with estimated blood loss of >1500ml. On examination uterus contracted well, clots present, cervical os closed. After patient is stabilized USG 8.5*6.6*3.5cm and MRI is done, was normal. Under sedation endometrial Curratage done which revealed endometritis in HPE report. She was treated with IV antibiotics, uterotonics and 2PRBC transfused. Discharged after 10 days. 3 days later she came with 3rd episode PPH with estimated blood loss of 200 ml. Treated with uterotonics and was referred to Bangalore for uterine artery embolization. Patient is being followed up at BMCH & is stable.



Discussion

PPH is an acute haemostatic vascular disorder in 5% of all deliveries. Most common causes of secondary PPH are RPOC, uterine sub involution, abnormally invasive placentation, and coagulopathies. Patients usually presents with vaginal bleeding out of proportion to the expected bleeding in postpartum period. Treatment modalities are conservative management with uterotonic durgs, vaginal packing and surgical repair of lacerations. Surgical ligation of uterine arteries and internal iliac arteries when it is not controlled by conservative management. Hysterectomy is performed when all other measures fails [3,4].

Recently embolization has been proposed as an alternative treatment. The first reported trans catheter arterial embolization of PPH was described by Brown et.al in 1979. Several studies reported high success rates of embolization with fewer complications. In last 20years, more than 110 cases have been reported in the literature. Preservation of uterus remains an indisputable advantage of uterine embolization and pregnancies have been reported after pelvic embolization. Success rate of uterine artery embolization is 96% [3,4].

Conclusion

Uterine artery embolization is recommended safe and effective alternative to hysterectomy in PPH [3] due to its characteristics of fast pace, excellent effect, wide indication, minimal invasiveness, and uterine preservation.

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