

Necrotic Fibroid Expulsion Resulting from Post-Abortion Uterine Artery Embolization

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Introduction

- Uterine artery embolization (UAE) is a minimally invasive approach to treat symptomatic fibroids (leiomyomas or myomas)
- UAE induces ischemic necrosis of fibroids while sparing the otherwise normal uterus by occluding uterine arteries with particulate emboli
- UAE is associated with shorter hospital stays, quicker return to full activity, and lower likelihood of requiring blood transfusion than hysterectomy or myomectomy
- Fibroid expulsion is an uncommon complication of UAE and can lead to re-hospitalization

Case Summary

Initial presentation:

- 33-year-old female with an undesired pregnancy at 15w GA, also with a LUS fibroid measuring 11 x 11.6 cm
- Underwent dilation and evacuation
- Persistent accumulation of blood at the uterine fundus, uterotonics and TXA given and an intra-uterine foley balloon was placed (total QBL 1000 cc)
- Continued bleeding requiring 2u PRBC
- Pelvic MRI with 15.7 cm FIGO 2 fibroid with areas suggestive of degeneration
- Patient developed fever and leukocytosis
- Given concern for endometritis, UAE was deferred
- Bleeding stabilized and discharged home

Follow up

- 2 weeks post op underwent outpatient UAE
- 1 week post op from UAE patient seen in clinic with fibroid prolapsing through the cervix
- Scheduled for myomectomy

Re-admission

- Presented to ED with urinary retention
- Exam with 15 cm of necrotic fibroid prolapsing past the introitus
- Urgent add on case for vaginal myomectomy
- Discharged on POD 2

Conclusion

- Combination of a UAE and pregnancy termination likely resulted in additive vascular and hormonal mechanisms that led to fibroid necrosis and prolapse.
- Interdisciplinary collaboration to individualize the patient’s plan of care for fibroid removal after resolution of clinical urgency might have prevented this complication.

Figure 1

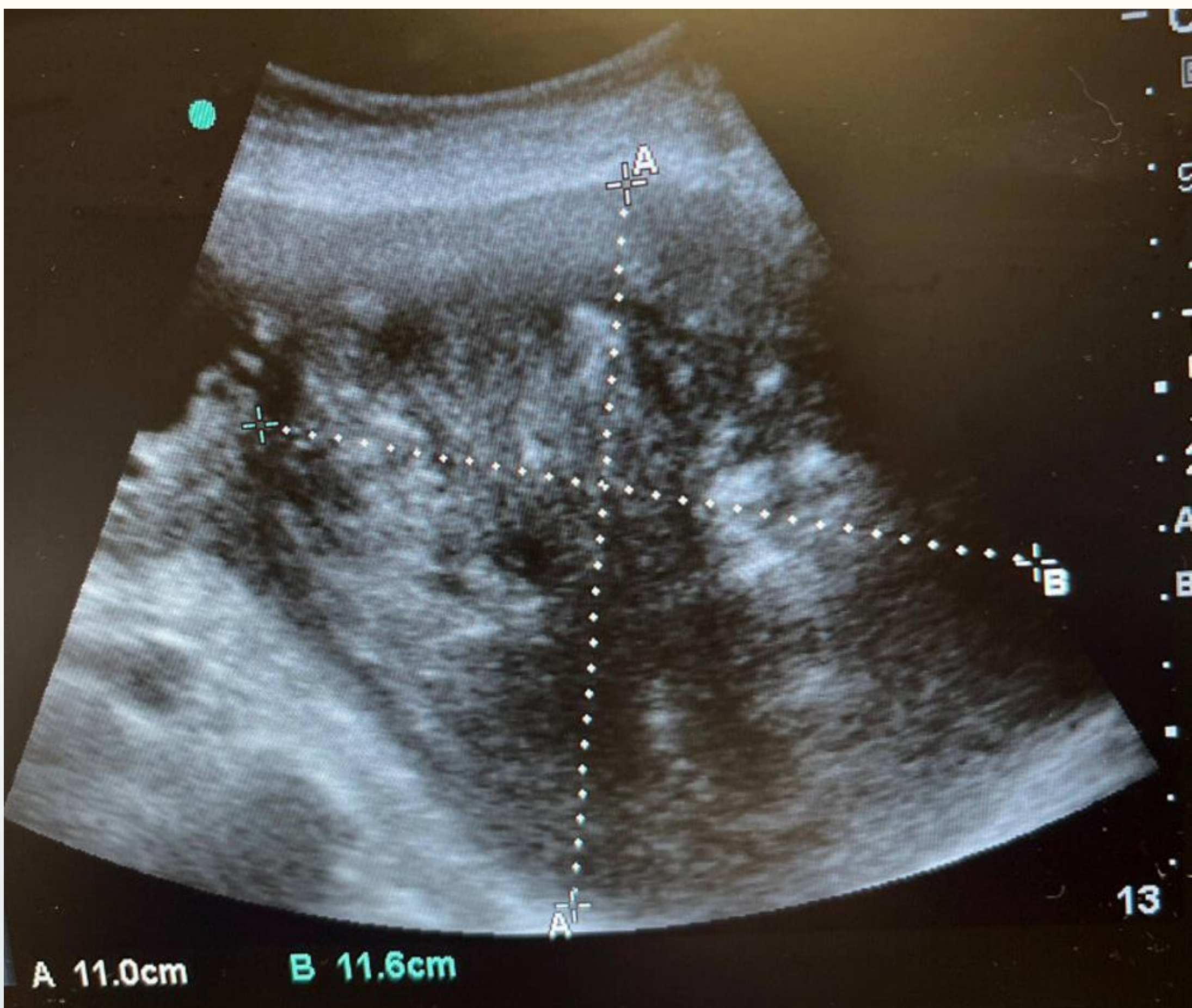


Figure 1: Transabdominal ultrasound demonstrating an 11 x 11.6 cm lower uterine segment fibroid at patient’s preoperative visit.

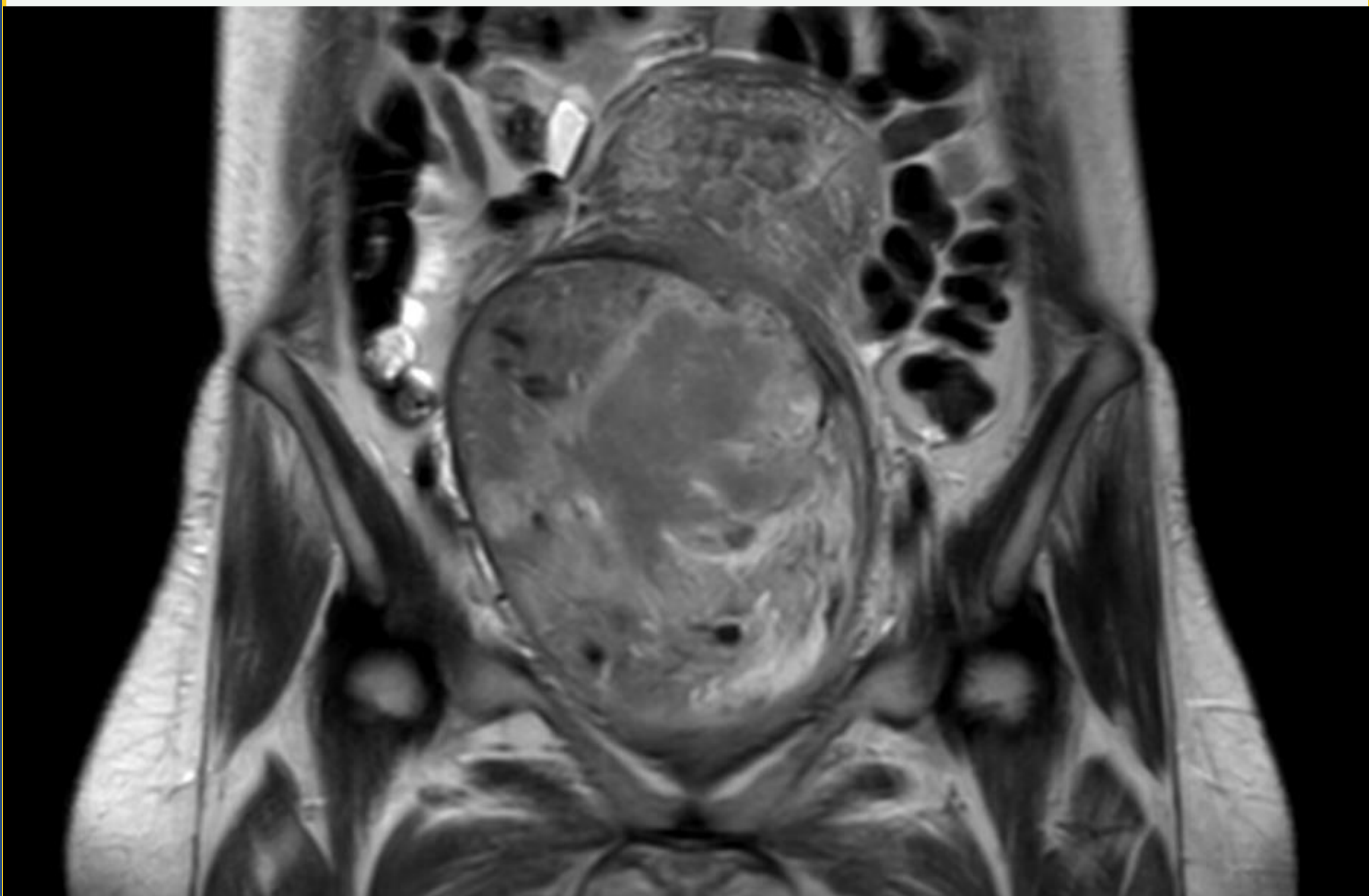


Figure 2: Pelvic MRI demonstrating a 15.7 cm FIGO 2 degenerating submucosal fibroid of the lower uterine segment with scattered areas for suspected hemorrhage.

Figure 2



Figure 3: On presentation to the Emergency Room on postoperative day 26 from D&E and postoperative day 13 from UAE, patient with approximately 15 cm of necrotic fibroid prolapsing beyond the vaginal introitus.