Dept. of OBGYN, Asahikawa medical University A.Kanai, Y.Yokohama, A.Yoshizawa, K.Sengoku

Introduction.
• We experienced a case of uterine artery pseudoaneurysm (UAP) which caused early and delayed PPH, but recurred after uterine artery embolization (UAE) and spontaneously resolved.

Case.
• A-36-year-old primiparous women underwent cesarean delivery (CD) due to twin pregnancy at 34+4 week’ gestation. The vaginal bleeding continued during CD, and enhanced computed tomography (CT) demonstrates a 8-mm UAP. She was treated with uterine balloon tamponade overnight, and no further vaginal bleeding was observed.
• She was transferred to our hospital on the 18th postoperative day due to sudden massive vaginal bleeding. Enhanced CT confirmed a 15-mm UAP. Gelatin sponge embolization of left uterine artery was performed and stopped the flow within the UAP. The following day, the swirling flow, so-called yin-yang sign, was still evident by color Doppler. The flow area, the area corresponding to the UAP sac flow, became smaller. At 8 weeks post UAE, the flow had completely disappeared.

Figure 1. Enhanced CT demonstrate small blush of contrast in the left lower uterine segment consistent with a 8-mm UAP without extravasation.
Figure 2(a) Enhanced CT show contrast filling a 15-mm UAP without extravasation. (b) Left uterine angiography revealed a ruptured pseudoaneurysm of the left uterine artery.
Figure 3. Ultrasound imaging of UAP managed expectantly, at 2 month after UAE.

Conclusion.
• We experienced a rare case of UAP which caused early and delayed PPH, but recurred after UAE and spontaneously resolved. A transvaginal color Doppler ultrasound will provide the follow-up assessment of UAP.