Series of cases describing women with a history of abnormal uterine bleeding after obstetric event. The women underwent transvaginal ultrasound with 3D, color and Power Doppler ultrasonography (DUSG) (Voluson E10 GE, Zipf, Austria) and were followed clinically.

**Case 1:** At 31 years old, G2A0 was referred for menorrhagia after missed abortion, with β-HCG of 16.7mU/ml. DUSG evidenced a mixed echogenic mass with heavy vascularization of the myometrium characterizing arteriovenous malformation (AVM) (Figure a,b).

**Case 2:** A 35 years old, G3A0 was referred with an abnormal bleeding history 24 days after vaginal delivery. β-HCG not performed. DUSG evidenced mixed echogenic mass with discrete vascularization of the myometrium characterizing AVM (Figure c).

**Case 3:** A 31 years old, G1A1 referred after history of abnormal bleeding after missed abortion followed by uterine curettage. β-HCG of 52.3mU/ml. DUSG evidenced mixed echogenic mass with heavy vascularization of the myometrium characterizing AVM (Figure d).

**Case 4:** A 22 years old, G3A1 referred after history of abnormal bleeding after gestational trophoblastic disease followed by uterine curettage. β-HCG reduced from 133.32 to 60.27mU/ml in 11 days. Ultrasonography evidenced mixed echogenic mass with heavy vascularization of the myometrium characterizing an extensive AVM involving the whole myometrium (Figure f-i).

**Case 5:** A 35 years old, G4A2 referred after spontaneous missed abortion. β-HCG reduced from 259.1 to 24.32 um/ml in 15 days. DUSG evidenced mixed echogenic mass with discrete vascularization of the myometrium characterizing AVM.

**Conclusion**

All cases evolved hemodynamically stable with abnormal bleeding stop and spontaneous regression. Embolization was not necessary.