

predicting poor ovarian response in GnRH Antagonist protocols.

**Key Words:** Poor ovarian response, GnRH antagonist, Predicting factor, IVF

## **P-30      Diagnosis and Conservative Management of Uterine Arteriovenous Malformation: Case Report**

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**Background & Objectives:** Uterine arteriovenous malformation (AVM) are rare entities, but potentially life-threatening condition. These lesions may be congenital or acquired. Most case are acquired and have resulted form previous uterine surgery or curettage, gestational trophoblastic disease, infection, endometrial or cervical cancer. Historically the diagnosis of uterine AVM was made at laparotomy or hysterectomy. Currently, color Doppler ultrasonography has been proposed for obtaining a reliable diagnosis. The authors have experienced a case of uterine AVM and successfully treated medical management. So we report this case with a review of the literatures.

**Method:** A 37-year-old woman, gravida 3, para 2, presented a vaginal bleeding. She had a persistent vaginal bleeding for 7 weeks after a artificial abortion at 13 weeks' gestation. She visited the local medical center in which the diagnosis was made as a remnant placenta tissue. However the vaginal bleeding became severe, she was referred for further evaluation to our hospital.

**Results:** When she was presented to our hospital, serum  $\beta$ -hCG was 11.5 mIU/mL, and hematocrit was 37%. Vaginal examination showed the slightly enlarged uterus and no adnexal mass, but vaginal bleeding was recognized. Transvaginal ultrasound demonstrated multiple anechogenic structures with intense, multi-directional, high velocity, low resistance vascular flow in the myometrium from right posterior wall to the fundus. To exclude other lesions, like hemangioma, malignacy of the uterus, infection, submucosal mass, CT with contrast enhancement was done and the result was consistent with the feature of AVM. Because she desired the further fertility and was hemodynamically stable, we decided to treat her with a conservative management. She was administered 0.2 mg of intramuscular methylergonovine and 0.5 mg/day of oral methylergometrine maleate for 7 days. Vaginal bleeding decreased soon after the intramusculat injection, and she was discharged the night of the day with no vaginal bleeding. One weeks later, she presented a scanty vaginal spotting. Transvaginal ultrasound revealed the size of the anechogenic structures with vascular flow in the myometrium was decreased. She was given only 0.5 mg/day of methylergometrine maleate orally for 7 days. After a period of 2 weeks, clinical and ultrasound follow-up was organized, she was asymptomatic and the lesion had disappeared at color Doppler ultrasonography. One month later, she is still asymptomatic.

**Conclusions:** Conservative management of uterine AVM is certainly a valuable option in the young patients who want to retain their fertility.