

Anomalous ovarian artery vascularisation of a large uterine fibroid: successful embolisation

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DESCRIPTION

Successful embolisation of an abnormal ovarian artery (OAE) feeding a fundal uterine fibroid is rarely reported.

A 50-year-old woman presented with vaginal bleeding and anaemia. Ultrasound and MRI showed a single large fundal subserosal fibroid. CA 19.9, CEA, CA 125 and LDH were normal. Aortic angiography showed an exclusive supply to a leiomyoma from a hypertrophic right ovarian artery. No feeding from the uterine artery was observed. A microcatheter was inserted to the mid-third of the ovarian artery. Tris-acryl gelatin microspheres, 700–900 µm (embosphere microsphere) were injected until near-stasis was achieved. A bilateral uterine angiogram confirmed no additional vascular supply to the leiomyoma (figure 1). The fibroid volume decreased by 30%, according to MRI over 3 months. Fibroids usually derive their blood supply from the uterine artery, but vascularisation from the ovarian artery is possible.¹ Blood supply to uterine fibroids can also originate from an aortoiliac haemorrhoidal artery or from distal branches of the

inferior mesenteric. Uterine artery embolisation (UAE) is a widely accepted treatment for uterine fibroids and ovarian function seems to be unaffected by the procedure.² Compared with UAE alone, the addition of OAE to UAE neither appear to precipitate the onset of menopause nor increase menopausal symptom severity.³ The predominant flow to the peri-fibroid plexus can possibly lead to a targeted embolisation, avoiding damage to the ovary using larger particles (700–900 embospheres).

Learning points

- ▶ Large fundal uterine fibroids can have an exclusive ovarian artery supply.
- ▶ An isolated ovarian artery embolisation (OAE) can be successful with no need to repeat procedures or necessity of an associated uterine artery embolisation.
- ▶ In our case, ovarian function was preserved after exclusive OAE.

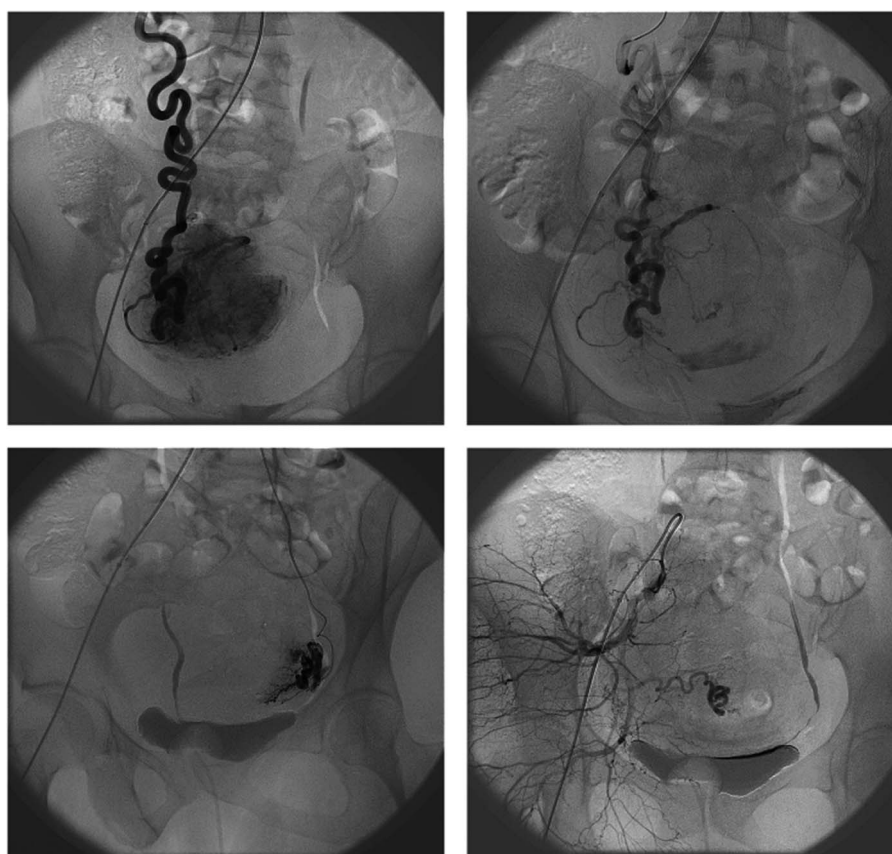


Figure 1 Panel 1: fibroid supply from the ovarian artery; Panel 2: uterine bleeding; Panel 3: no left uterine artery supply; Panel 4: no right uterine artery supply.

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