Lover limb thrombosis in patient with constant uterine bleeding

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I have the following potential conflicts of interest to report:

- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

☑️ I do not have any potential conflict of interest
Case report

The patient is a 55-year-old female with acute lower limb ischemia, rest pain in her left limb for 10 days, necrosis of the fifth toe.

At ultrasound investigation: iliac stenosis up to 80%, occlusion of the lower third of the SFA and POP - most likely thrombosis.

From the history we know that the patient is postmenopausal, but suffers from uterine leiomyoma, the size of 20 weeks, with constant bleeding. A conservative treatment with oral contraceptives has not been prescribed. Laboratory 3,25*10^12 red blood cells; Hemoglobin 6,7 dg / L;
Angio
ULE RIGHT UTERINE ARTERY
ULE LEFT OVARICA ARTERY
Stenting
Medical treatment

In the postoperative period: dual antiplatelet therapy and blood transfusion were assigned.

Hemoglobin 9,2 dg / L

Surgical treatment

After 14 days, the amputation of the 5th toe of the left foot was performed
Second angio
ULE LEFT UTERINE ARTERY
Follow up

The wound healed over.

After 7 months, the lower limb ischemia and uterine bleeding did not reoccur.

Hemoglobin 10.2 dg/L
Conclusion

We can conclude that the endovascular procedure is a safe and effective option for treatment of such patients.

It gives possibility to stop the bleeding and restore the blood flow in the occluded vessel by one procedure.

The method has low rate of periprocedural complications with good prognosis for recovery.
Thank You
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