

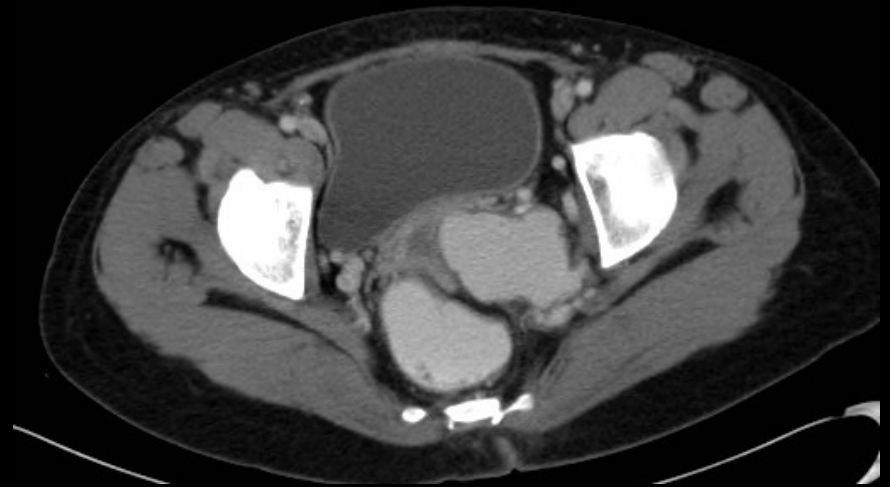
# CIRA Case of the Day

Case courtesy of Drs. Mohamed Almarzooqi, Patrick Gilbert and  
Vincent Oliva

- 30 year old female
- S/P Caesarean section
- Pelvic pain and stroke



- Left iliac vein thrombosis



- Highly enhanced para-uterine lobular mass 6X4 cm



- Mass Supplied by:  
The left Iliac artery  
Other arterial branches probably from the left internal iliac artery

- Discussion not to anti-coagulate:
  - Risk of thrombus migration through the mass
  - Recent stroke

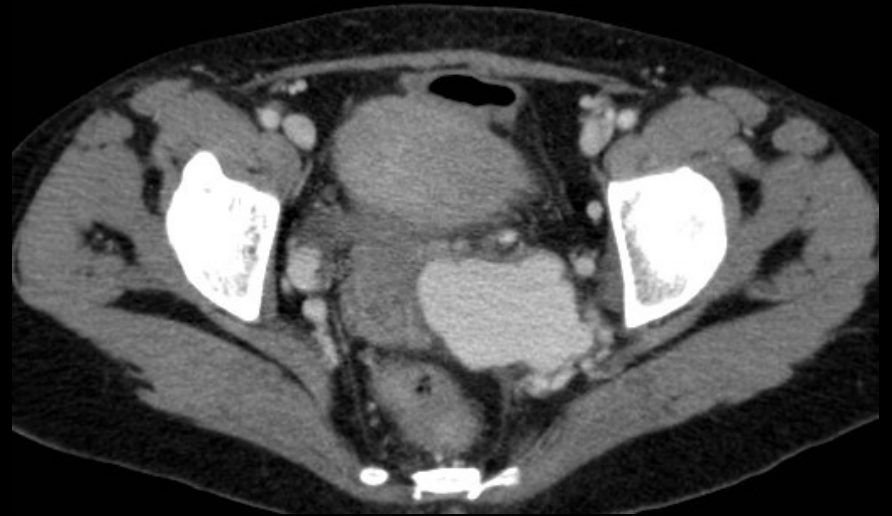


- Inferior vena cava filter was inserted

- Echocardiography
  - To confirm a patent foramen ovale

- Patent foramen ovale was found and closed with Amplatz prosthesis

- Patient was treated with chemotherapy
- She had:
  - Regression in beta-HCG
  - No regression in mass size

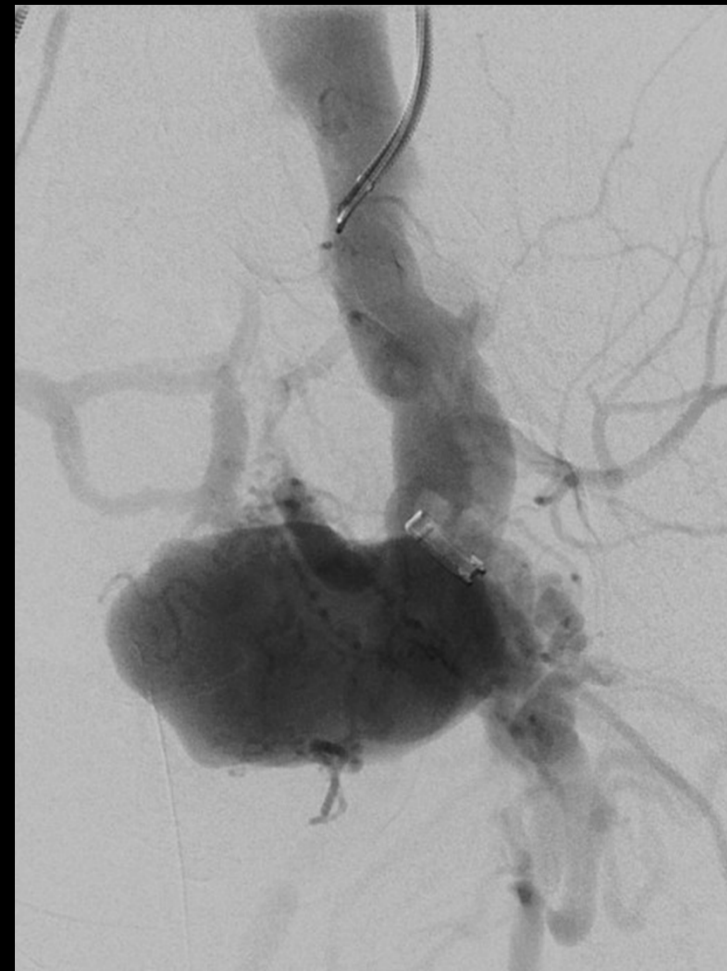


Control after chemotherapy without any change in mass size

- Mass characteristics
  - Hypervascular with arterial enhancement
  - Quick venous drainage
    - Dilated perineal vein
    - Fast venous return to the IVC

## Our diagnosis:

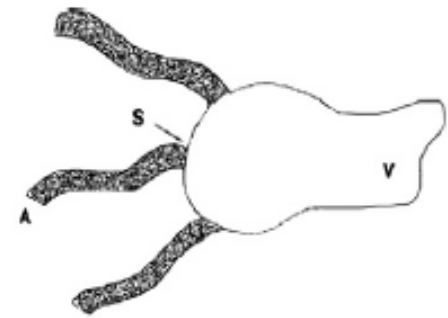
- Arteriovenous fistula with aneurysmal dilatation probably due to a false aneurysm
- Embolization was decided after failure of medical treatment



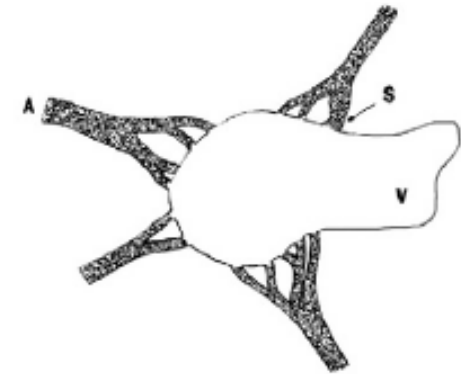
Arteriography:  
Mass with many arterial branches  
Rapid venous drainage



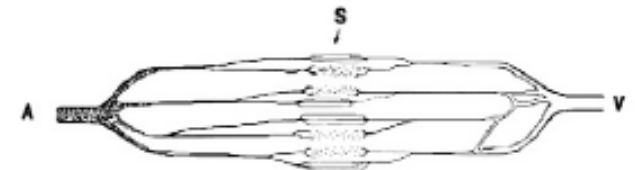
Type I



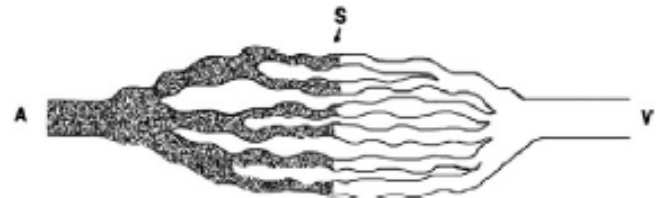
Type II



Type IIIa



Type IIIb



This mass correspond to a malformation with many arterial feeding and one venous pouch Type II malformation



Frist feeding branch  
Embolized with two Amplatzer II plugs



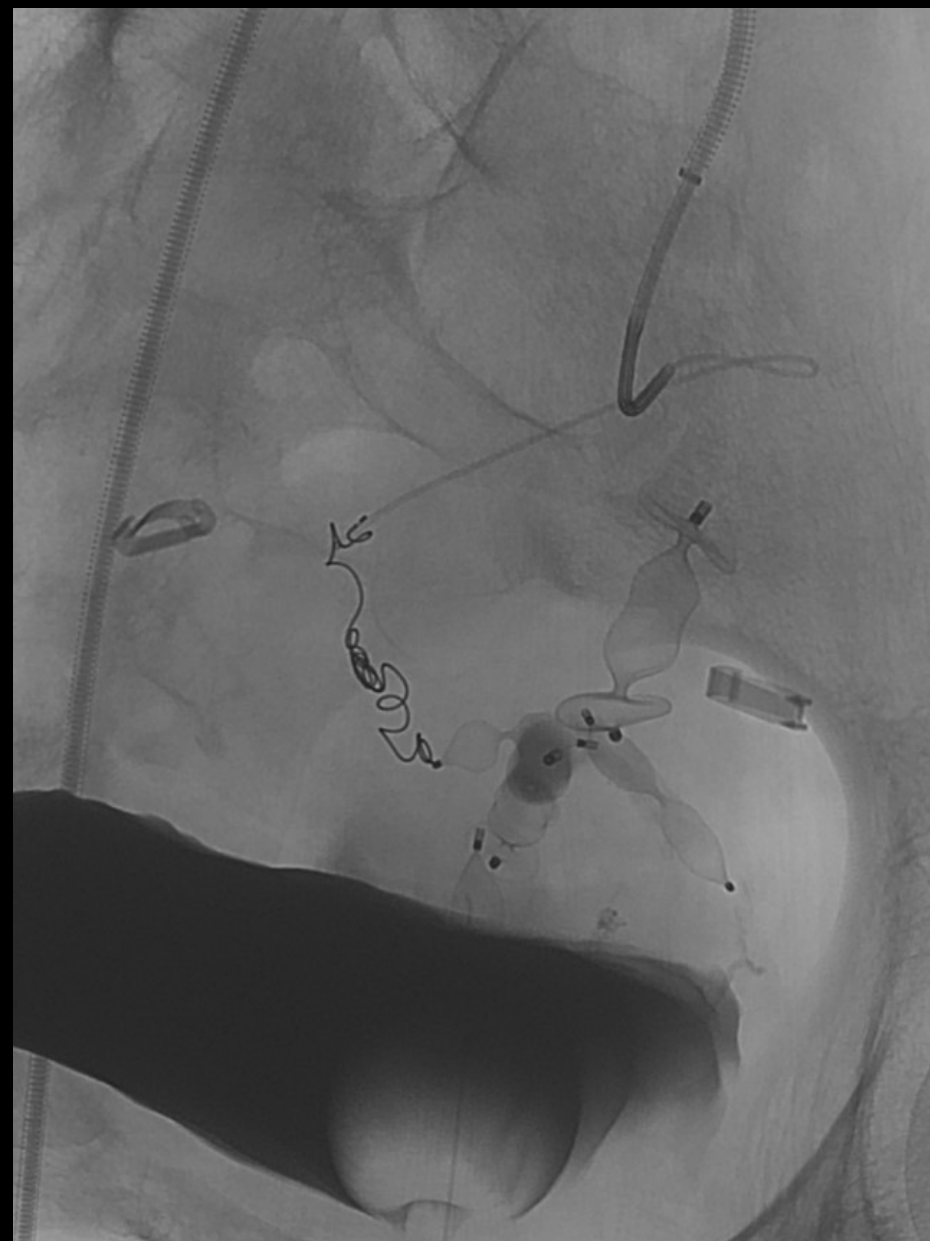
Second feeding branch  
Embolized with one Amplatzer II plug



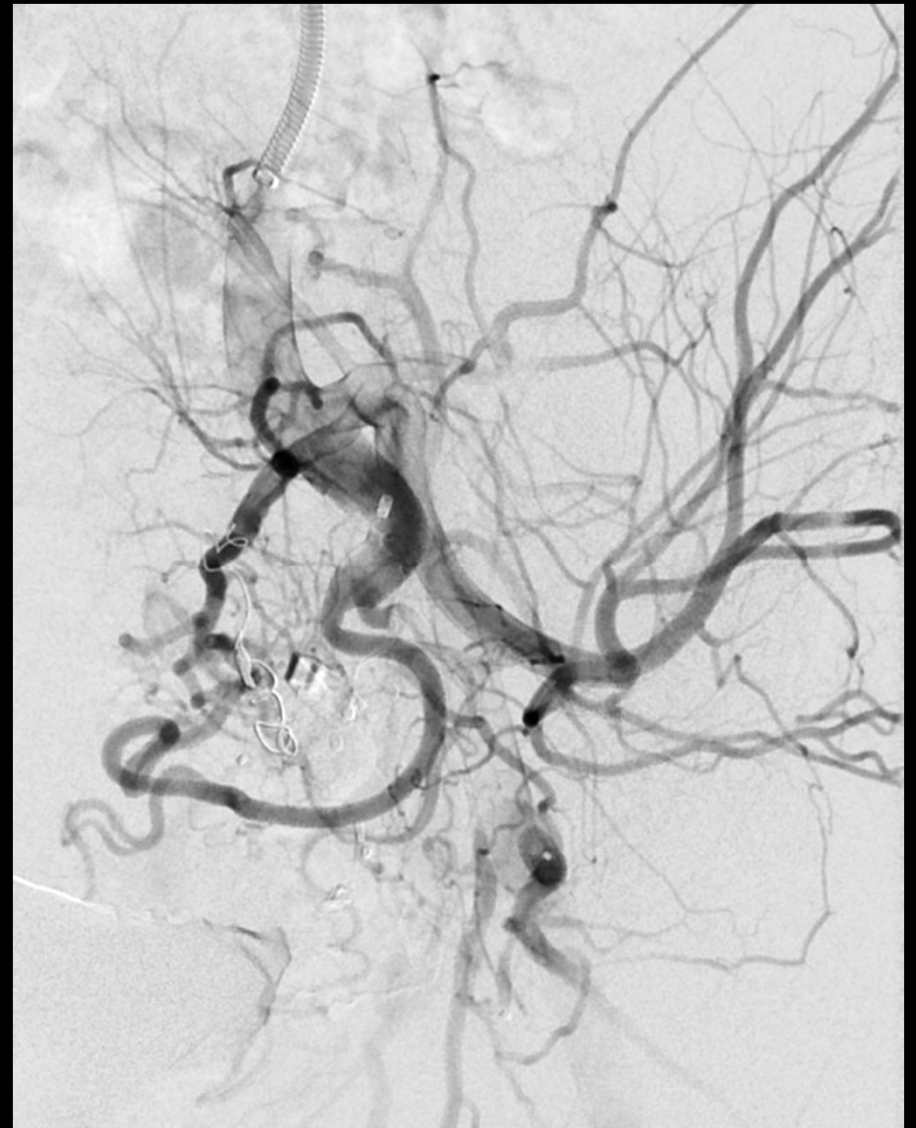
Third feeding branch  
Embolized with one Amplatzer II plug



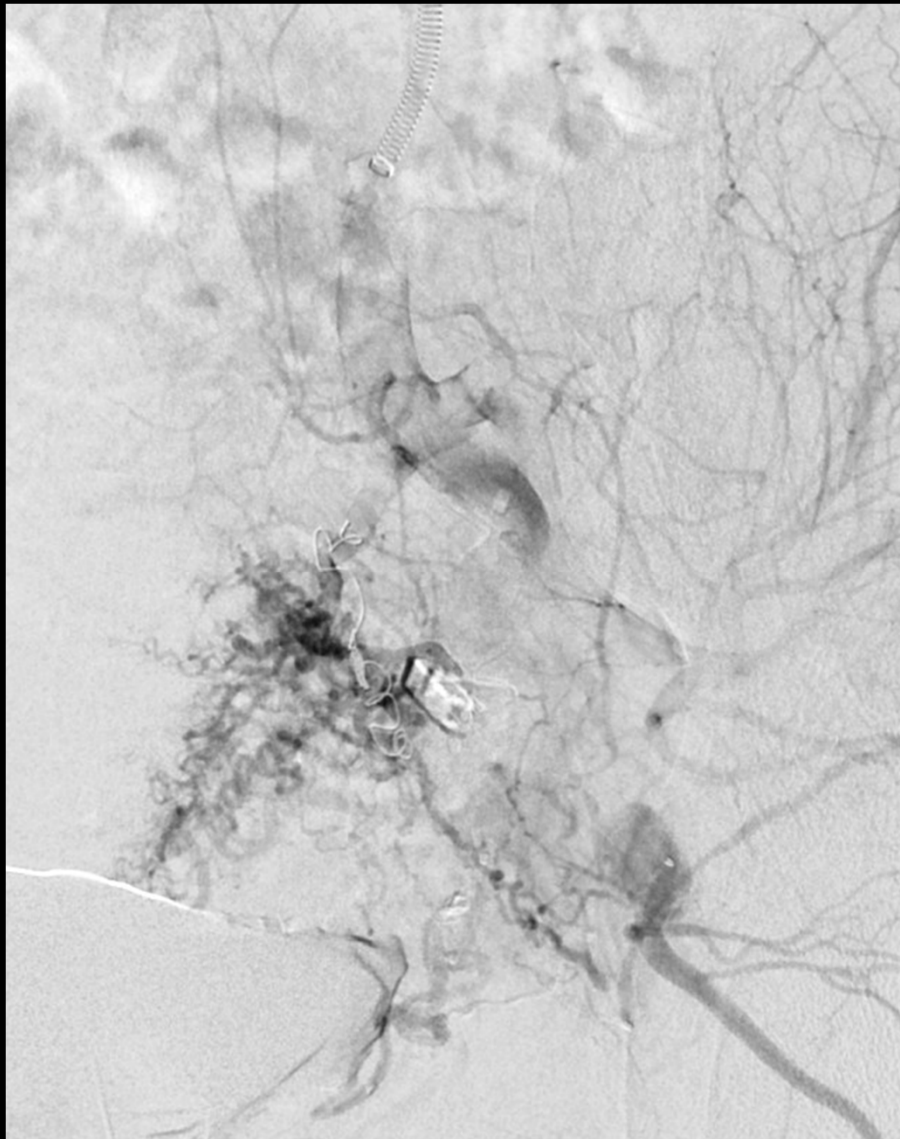
Fourth feeding branch  
Embolized with one Amplatzer II plug



Fifth small feeding branch  
Embolized with detachable coil

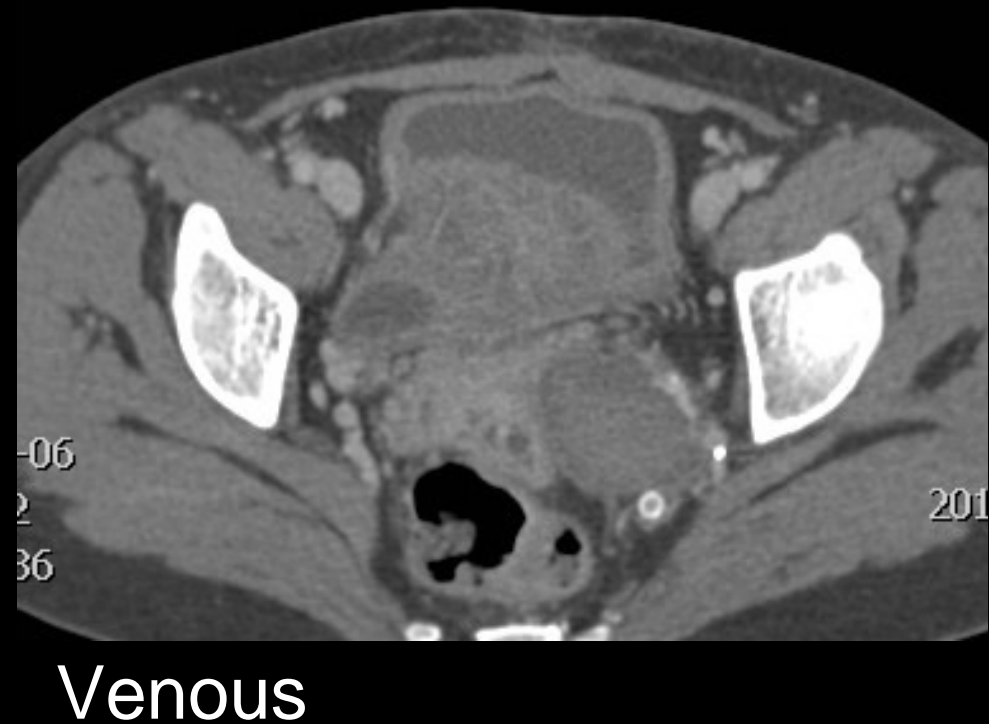
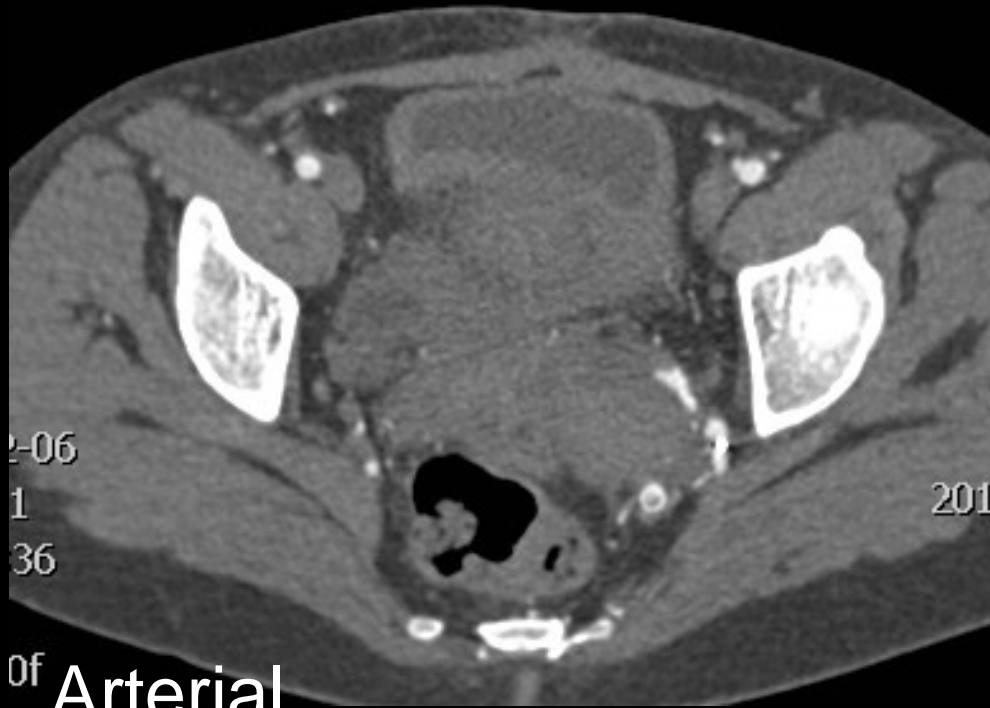


Final Control with intact uterine artery and gluteal artery



Final control with little opacification of venous pouch  
without venous drainage

# Follow up 3 weeks post embolization



- Thrombosis of the aneurysmal pouch
- Persistent microfistula from the gluteal artery
- No evidence of significant early venous drainage

# Choriocarcinoma

- Rare type of malignant tumor
- Present usually with molar pregnancies
- Also present with normal or ectopic pregnancy
- Highly vascular lesion
- Various sites:
  - Uterine cervix
  - Fallopian tube
  - Ovary
  - Vagina
  - Vulva
  - Extragenital organs: liver, lung, brain

- Originate from the placenta in women:
  1. Retained trophoblastic tissue in the uterus after placenta or hydatidiform expulsion
  2. Through vascular routes

- Type:

1. Early

In case where choriocarcinoma appeared in short period it was followed a normal pregnancy

2. Late

Trophoblastic cells stay silent for long period then resume activity

- Biopsy should be avoided in cases with high suspicion \*
- Treatment of choice is chemotherapy
- Embolization should be considered in patient with risk of acute hemorrhagic life-threatening complications