

Role of embolization in arterial hemorrhage following sacrospinous ligament fixation: A case report

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ABSTRACT

Introduction: Sacrospinous ligament fixation (SSF) is a transvaginal procedure aimed prevent or treat post hysterectomy vault prolapse. Vessel injury can be an associated complication and can be difficult to manage due to limited pre-rectal space. We present a case of symptomatic pelvic hematoma from arterial bleeding after an SSF procedure. **Case Description:** A 70-year-old woman, Para 4, was referred for massive uterovaginal prolapse. She underwent a vaginal hysterectomy, anterior and posterior colporrhaphy, and an open method of right sacrospinous ligament fixation with minimal bleeding intraoperatively. On the third day post-operation, she developed symptomatic pelvic hematoma with a significant drop in hemoglobin level. She underwent transvaginal re-exploration of hematoma; however, it was difficult to visualize the torn blood vessels due to a narrow surgical space. We performed a laparotomy with the aim to ligate the internal iliac artery which was unsuccessful. Following consultation with the interventional radiologist, CT angiography followed by targeted embolization of arterial bleeding from the superior gluteal artery and secondary branch of the anterior division of the right internal iliac artery was performed. Post-embolization imaging confirmed hemostasis. **Discussion:** Life-threatening arterial hemorrhage is a rare SSF complication but very difficult to manage surgically due to limited surgical space. Timely diagnosis, prompt resuscitation, treatment options, multidisciplinary team involvement, radiological recognition of surrounding vessels involved, and availability of intervention radiologist for targeted pelvic vessels embolization provides a safe and effective life-saving treatment for a difficult-to-access arterial haemorrhage following SSF procedure and alternative management for surgical re-exploration.

Obstructive uropathy following severe pelvic organ prolapse: Is it reversible?

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ABSTRACT

Introduction: Pelvic organ prolapse (POP) can cause hydroureter and leads to obstructive uropathy. Although it is not potentially fatal, it can lead to renal failure if left untreated. We aimed: 1) To identify the incidence of hydroureter among severe POP, 2) To measure the incidence of hydroureter following treatment, and 3) To evaluate the association of renal impairment in patients with hydroureter following severe POP. **Methods:** A retrospective study of patients with severe pelvic organ prolapse (Grade 3 and 4) from 1st January 2020 to 31st December 2022. **Results:** Among 248 patients, 41 (16.5%) had hydroureter. In Grade 4 prolapse, the incidence were 40 patients (22.5%) while 1 patient (4.9%) in grade 3. 17 patients had bilateral hydroureter while 24 patients had unilateral hydroureter. These patients were treated with ring pessary, vaginal packing or surgery. A total of 37 patients (90%) had complete resolution of hydroureter and only 4 patients (10%) had persistent hydroureter but the size was significantly reduced. Total 3 patients (4.5%) had moderate to severe renal failure while 1 patient (1.5%) had severe renal failure. **Conclusion:** The incidence of obstructive uropathy is high in severe POP and fortunately reversible with mechanical management or surgery. Therefore, early recognition and intervention are important to improve quality of life.