

Non-target embolization of the labia following bilateral iliac embolization for postoperative vaginal cuff bleeding

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Abstract

CASE DESCRIPTION: A 41-year-old woman underwent a robotic total laparoscopic hysterectomy due to symptomatic adenomyosis with a 12-week size uterus. EBL was 50 ml. No intraoperative complications were noted. She was discharged on POD #1.

On POD #33, due to vaginal cuff bleeding she returned to the OR and underwent a vaginal cuff repair of a 1.5 cm midline superficial defect with raw edges bleeding.

On POD #50 from the hysterectomy, due to continued vaginal cuff bleeding, she underwent bilateral embolization of the anterior divisions of the internal Iliac arteries.

The embolization was successful in stopping the vaginal cuff bleeding.

On POD #3 following the embolization, she presented to the ER complaining of severe right labia minora pain. A tender, erythematous 2 cm area on her right labia minora was noted. She was admitted for antibiotics and pain control. On HD #2, she was discharged with pain medications.

Over the next two weeks, her labial pain had almost completely resolved.

CONCLUSION: This patient's localized labia minora pain was the result of nontarget labial embolization during bilateral internal Iliac artery embolization. The internal pudendal artery and uterine artery are adjacent to each other, branching off the anterior portion of the internal iliac artery. The internal pudendal artery supplies the labia minora. Most likely, injection of embolic material into the ligated uterine artery resulted in the reflux of particles into the right internal pudendal artery, producing ischemia in the branches supplying the labia.

Labial nontarget embolization was successfully managed with pain medication. This case was interesting because non-target embolization has been reported following uterine artery embolization as a primary fibroid treatment (Goldberg, The Female Patient 2006), but a literature search found no similar cases in patients who had previously undergone hysterectomy followed by embolization.

This case of non-target embolization of the labia following bilateral iliac embolization for postoperative vaginal cuff bleeding a unique presentation and clinical scenario that was successfully managed.