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Vertebrobasilar connection in uterine artery anomalies: An unique case report

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Description

Objective: To report a rare case of anomalous uterine artery with vertebrobasilar connection.

Methods: Medical record analysis and literature review at scientific Database.

Results: SCMS, female, 47, presenting abnormal uterus bleeding and anemia, candidate to an Uterine Artery Embolization (UAE) as an alternative to surgery due to comorbidities, such as Takayasu Arteritis and Granulomatosis with Polyangiitis (GPA). The pelvic ultrasound showed uterine volume of 173 cm³ and two uterine masses consistent with uterine fibroids, with the maximum size of 4,0 cm. The patient was submitted to an ultrasound guided punction of the right common femoral artery and the right iliac arteriography showed anastomosis of the uterine artery with the inferior and superior epigastric artery, reaching up to the vertebrobasilar system and intracranial vascularization. The patient was successfully submitted to UAE, with distal devascularization of the uterine artery responsible

for the irrigation of the fibroids and resolution of the abnormal uterus bleeding.

Conclusions

The uterine artery originates from the medial branch of the internal iliac artery. The main anatomical variations are: Origin as the first branch of the inferior gluteal artery or along with the inferior and superior gluteal arteries in a trifurcation of the internal iliac artery. This case describes a rare type of anastomosis between the uterine artery and the epigastric artery, leading to an anomalous connection with the vertebrobasilar system and atypical circulation of the blood. These anatomical distortions bring difficulties to interventional procedures, not to mention the increased risk of related complications. **Citation:** Messina ML, Bastos C, Defavari DG, Pedrosa GLA, Karkoska JDS, et al. Vertebrobasilar connection in uterine artery anomalies: An unique case report. J Clin Images Med Case Rep. 2024; 5(4): 3017.

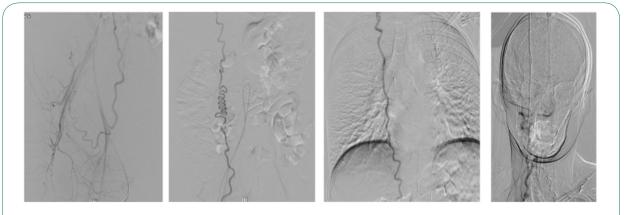


Figure 1: Clinical image.

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