

A Rare Case of Intra-uterine Coil Migration Following Ovarian Vein Embolisation

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Background

Pelvic congestion syndrome is a common cause of chronic pelvic pain, resulting from dilatation and congestion of ovarian/pelvic veins. Mainstay treatment is venous embolization, achieved through percutaneous introduction of endovascular coils to occlude affected vessels. Complications include haematoma, non-target vein thrombosis, and allergic reaction. Very few cases of migration have been reported, to the heart and lungs.

Case

A 39 year old woman presented with progressive dysmenorrhoea and left-sided pelvic pain. She had previously had 2 caesareans and a laparoscopic bilateral salpingectomy for contraception. Her past history was otherwise unremarkable, with no endometriosis or abnormal uterine bleeding. Imaging suggested pelvic venous congestion and she underwent 2 embolisations using venous coils. However, her pain worsened despite additional medical therapy, thus she had an elective total laparoscopic hysterectomy (ovarian conservation). During left ovarian ligament division, the diathermy had repetitive incomplete cycle failures. Sharp dissection identified a venous coil, and the hysterectomy was completed without complication.

Findings

On histopathological examination, a 50mm long, thin metal coil was found, with 22mm protruding through the left uterine side wall. There were no other abnormalities. At 6 week follow-up, she had complete resolution of pain.



Discussion

To our knowledge, this is the first reported case of migration into the uterus. This highlights that coil migration is a rare but possible complication of ovarian vein embolization. In patients with worsening pain, alternative diagnoses or coil misadventure should be considered.

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