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Pelvic arteriovenous malformation causing haematuria

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An 87-year-old woman underwent elective colonic surgery and was catheterised routinely afterwards. Three days later she developed de novo visible haematuria. Her medical history included atrial fibrillation, for which she took apixaban. The haematuria worsened and required three way catheter insertion. Following a drop in her haemoglobin level (6 unit blood transfusion required over 48 hours), she underwent a computed tomography angiogram. This revealed a complex pelvic arteriovenous malformation and dilated vessels infiltrating the bladder wall, fed from the right internal iliac artery (**Figures 1** and **2**).

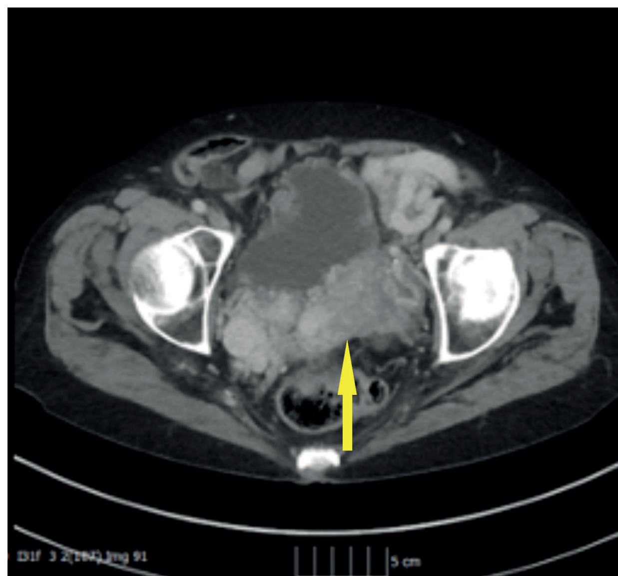

Figure 1. Non-contrast computed tomography in axial plane showing large nidus of arteriovenous malformation posterior to bladder.

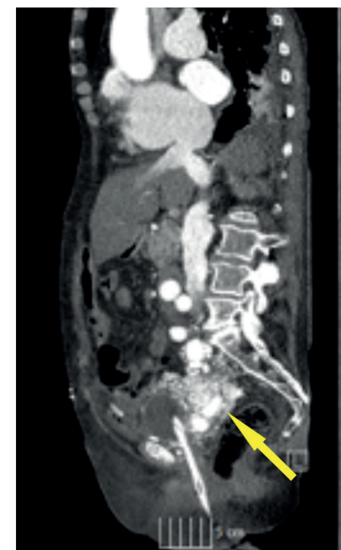

Figure 2. Computed tomography angiogram in sagittal plane showing arteriovenous malformation.

After stopping the anticoagulation and multiple manual bladder washouts, the urine cleared. The catheter was removed as the cause was deemed likely to be the balloon rubbing against the friable vessels embedded in the bladder wall. If the haematuria had not settled, embolisation would have been considered although, given the patient's frailty, every effort would have been made to avoid this (Palmaz et al, 1981).

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Reference

Palmaz JC, Newton TH, Reuter SR et al. Particulate intraarterial embolization in pelvic arteriovenous malformations. AJR Am J Roentgenol. 1981;137:117–122. https://doi.org/10.2214/ajr.137.1.117

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