Taiwanese Journal of Obstetrics & Gynecology 57 (2018) 908

Contents lists available at ScienceDirect

Taiwanese Journal of Obstetrics & Gynecology

journal homepage: www.tjog-online.com

Correspondence

# Intrauterine balloon tamponade for uterine artery pseudoaneurysm: Some concerns about the procedure and indications

*Dear Editor:*

We read with interest the report by Takeda et al. on the use of intrauterine balloon tamponade for treatment and obliteration of a ruptured uterine artery pseudoaneurysm (UAP) [1]. We congratulate the authors for their success; their work has confirmed that balloon treatment is feasible in some situations to treat an intrauterine UAP, as reported by Wang et al., in 2016 [2]. However, before this procedure can be recommended for wider use, some details should be clarified. First, did any cases have retained tissue requiring manual removal after balloon tamponade? Irregular thrombosis formation associated with a leaking vessel is involved in the pathogenesis of UAP. Although dilation and curettage may be dangerous in the treatment of an unruptured UAP in most cases, if blood flow is absent, removal of retained thrombosed tissue is considered possible or even essential to prevent recurrence. Second, did all UAPs have a single feeding vessel? Dual feeding vessels may occur in some cases, requiring dual embolization of associated vessels, such as the uterine artery and ovarian artery, to achieve hemostasis when embolization is selected [3]. However, if intrauterine balloon tamponade is effective for the treatment of dual feeding vessels in UAP, choosing this technique will avoid adverse effects on fertility. Third, we noted that balloon inflation to 30–200 ml was required to terminate bleeding, corresponding to a balloon diameter of 3.9–7.22 cm. What were the sizes of the UAPs when diagnosed? What is the UAP size limit for use of a balloon?

## Conflict of interest

The authors declare no conflicts of interest.

## References

[1] Takeda J, Makino S, Hirai C, Shimanuki Y, Inagaki T, Itakura A, et al. Long-term uterine balloon tamponade for treatment and obliteration of ruptured uterine pseudoaneurysm. Taiwan J Obstet Gynecol 2018;57:329–31.

[2] Wang L, Takagi A, Kikugawa A, Kawabe A, Kuromaki K. Use of intrauterine balloon tamponade test to determine the feasibility of dilation and evacuation as a treatment for early uterine artery pseudoaneurysm. J Med Ultrasound 2016;24:154–8.

[3] Nagayama S, Matsubara S, Horie K, Kuwata T, Ohkuchi A, Usui R, et al. The ovarian artery: an unusual feeding artery of uterine artery pseudoaneurysm necessitating repetitive transarterial embolisation. J Obstet Gynaecol 2015;35:656–7.

Liangcheng Wang*, Isao Horiuchi, Tomoyuki Kuwata, Kenjiro Takagi

*Perinatal and Maternal Center of Saitama Medical Center, Jichi Medical University, Japan*

* Corresponding author. Perinatal and Maternal Center of Saitama Medical Center, Jichi Medical University, 1-847, Amanuma-cho, Omiya-ku, Saitama 330-8503, Japan. Fax: +81 48 648 5188.
*E-mail address:* kkscsc@gmail.com (L. Wang).

https://doi.org/10.1016/j.tjog.2018.10.031