

DOI: 10.5603/gpl.99083

SUPPLEMENTARY MATERIALS

CLINICAL VIGNETTE

Number of times				
(Date)	Symptoms	Auxiliary examinations	Processing	Prognosis
First time (Apr 20 th ,2021)	Heavy vaginal bleeding with dizziness and weakness in a quiet state of sleep	Ultrasound suggested a cystic mass (10 cm²) in the left anterior aspect of the uterus.	Laparoscopic left ovarian cyst debulking and pelvic adhesion release	Self-stopping
Second time (Apr 27 th ,2021)	Heavy vaginal bleeding, abdominal pain, dizziness, and weakness	HGB: 65 g/L	GnRH-a injection therapy	Self-stopping
Third (May 5 th ,2021)	Heavy vaginal bleeding with lower abdominal pain, dizziness, weakness, and inability to call for help	Ultrasound suggested slightly strong echogenicity from the cervical canal to the vagina. (Fig. 1)	Hemostatic and uterotonic agents, hematopoietic treatment, diagnostic curettage, no abnormal postoperative pathological findings	Bleeding stopped after treatment
Fourth (May 21 st , 2021)	Heavy vaginal bleeding, unrelieved abdominal pain, profuse sweating with dizziness, headache, general weakness	HGB: 62 g/L CTA suggested a tortuous vessel on the left side of the cervix attached to the endocervical lining (Fig. 2 and 3)	Uterine contraction agents, GnRHa injection therapy	Self-stopping
Fifth (May 31 st , 2021)	Sudden and heavy vaginal bleeding	DSA suggested prolonged pregnancy-like tortuous malformation of both uterine arteries	Uterine artery spring embolization	Bleeding stopped after treatment

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Received: 23.01.2024 Accepted: 24.04.2024 Early publication date: 26.07.2024
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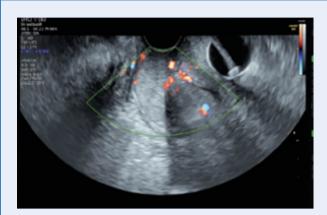


Figure. S1. Gynecologic Doppler ultrasound showing slightly strong echogenicity from the cervical canal to the vagina

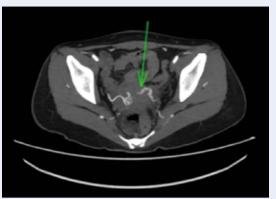
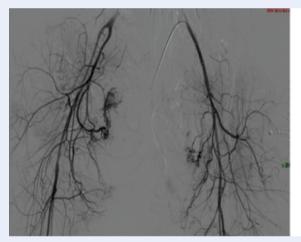


Figure. S2. CTA showing a tortuous vessel on the left side of the cervix attached to the endocervical lining (indicated by the green arrow)



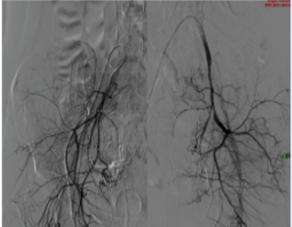


Figure. S3. Before DSA treatment, (A) bilateral uterine artery gestational-like tortuous prolongation. After DSA treatment, (B) bilateral uterine artery flow arrest, no distal visualization