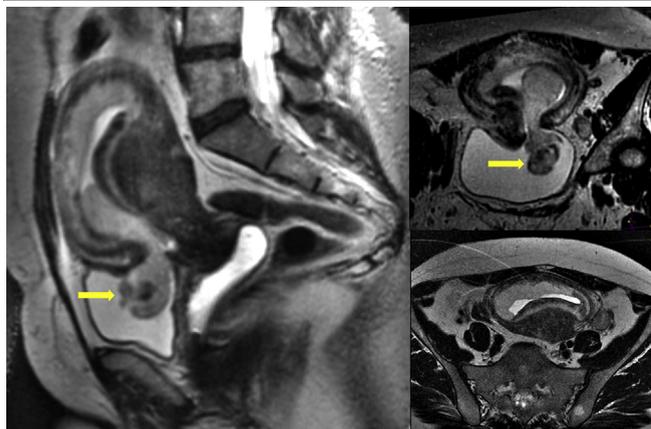


Intravesical pregnancy due to vesicouterine fistula

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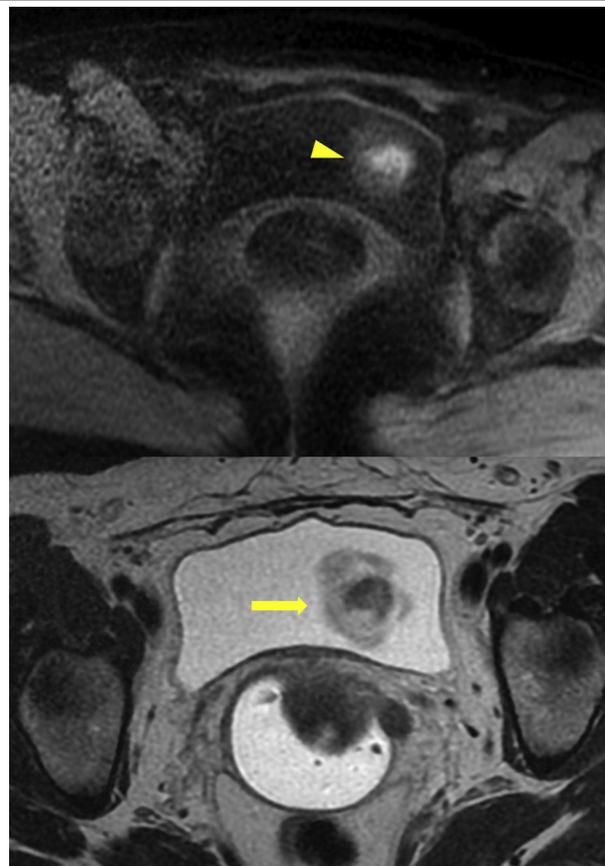
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FIGURE 1
Axial, oblique axial, and sagittal T2-weighted fast spin echo images



Fenelon. Intravesical pregnancy due to vesicouterine fistula. *Am J Obstet Gynecol* 2019.

FIGURE 2
Axial T1-weighted fat-suppressed gradient echo and Axial T2-weighted fast spin echo images



Images revealed a well-circumscribed, rounded structure inside the bladder with predominantly hyperintense signal on T1-weighted image (arrow head) and a heterogeneous appearance on T2-weighted images (arrows), consistent with acute/subacute blood.

Fenelon. Intravesical pregnancy due to vesicouterine fistula. *Am J Obstet Gynecol* 2019.

A 36-year-old woman with history of cyclic recurrent hematuria and chronic pelvic pain presented to our emergency room with worsening of the pelvic pain, delayed menstrual period, and vaginal bleeding. She had previous history of bladder injury during cesarean section, followed by additional surgery to repair. Serum beta-HCG (human chorionic gonadotropin) was positive. Magnetic resonance images without contrast revealed a vesicouterine fistula with herniated saclike mass into the bladder (Figures 1 and 2). A transvaginal ultrasound did not confirm viability (not shown). After a multidisciplinary discussion, the patient underwent a surgical approach with removal of the gestational sac and its contents. The postoperative follow-up was uneventful.

The urinary bladder is an extremely rare site of implantation. The vesicouterine fistula can occur because of postnatal complications or after surgical gynecologic procedures. Magnetic resonance imaging may be helpful to

provide detailed anatomical location of the gestational sac, contributing to selection of the best treatment plan. ■

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