Histoacryl In Complex A-V Malformation

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Disclosure

I do not have any potential conflict of interest
History

• Female patient, 33 years old.
• Diffuse pigmented and pulsating swelling in the left gluteal and upper thigh regions.
• Since the first year of life with recurrent ulcerations and bleeding but not life threatening.
• Last attacks were critical and serious, 10 days before presentation, failed trials for control apart from compression.
Examination

large infected & bleeding ulcer.

Compressible pulsating swelling.

Yakes type IV.
Procedure

• Multiple sessions of endoembolization histoacryl-lipiodol mixture.

• Internal iliac, deep circumflex iliac and profunda femoris arteries were sharing the nidus.
Follow UP

• Along 4 months of sequential embolization.

• Control of bleeding crucial improvement.

• Back to daylife activity.
Take Home

• Histoacryl is effective in complex A-V malformations.
• Rapid polymerization and can involve large areas.

• keep yourself inside the nidus and away from major branches.
• keep an eye on PE and sedation.
THANK YOU
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