HAEMANGIOMAS AND VASCULAR MALFORMATIONS

LYMPHATIC MALFORMATIONS TREATED WITH PERCUTANEOUS LYMPHO-VENOUS SHUNT AND RAPAMYCIN STENT.

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Background: Congenital vascular anomalies are complex vascular disorders. They include vascular tumors and vascular malformations (VM). VM growth is persistent and does not regress spontaneously. Treatment includes medical therapy, surgery and sclerotherapy; however, some experience unsatisfactory results. Additionally, recent reports of coadjuvant treatment with Rapamycin in VM have been useful.

Herein, we report three cases of lymphatic malformation (LM) refractory to sclerotherapy (two facial and one on the leg) and their respective approach with a derivative percutaneous lymph-venous-shunt (PLVS). Performed under image-guided techniques, two of them with Rapamycin stent. Based on the theory of decompressing pressure from a relative high-pressure system (represented by the LM) into a low pressure one (venous system).

Observation: First case: Eight-years-old girl with LM of the right hemiface. One session of sclerotherapy with alcohol was beneficial, but due to persistent enlargement six months later a PLVS was made. She experienced a 40% of tumor reduction in 2 months, improving her life quality.

Second case: Eight-years-old girl with LM of the right hemiface, with persistent growth and pain after sclerotherapy. Four months later we performed PLVS with Rapamycin stent. She experienced a 80% of mass reduction and immediate pain relief after the procedure.

Third case: 22-year-old girl with giant right leg LM, treated with numerous sclerotherapy sessions. We implemented two PLVS with Rapamycin stent in one session, achieving 30% regression in 2 months.

Key message: Treatment of LM is limited. Previous effective treatments with surgical lymphatic-venous-shunts in peritoneum have been described. To our knowledge, this is the first LM treated with PLVS. The possible additional beneficial effect of Rapamycin stent must be studied. We treated two similar cases with this only distinctive feature with

improved results. Future collection of new cases will provide more information. Interventional radiology plays a key role in the management of VM.