ABSTRACT BOOK ABSTRACTS



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VASCULAR DISEASE, VASCULITIS

## RAPAMYCIN FOR LYMPHATIC VASCULAR MALFORMATIONS.COMMUNICATION OF SEVEN PATIENTS.

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Lymphatic malformations (LM) are congenital vascular anomalies characterized by dilated and cystic lymphatic channels. They are subdivided into macrocystic and microcystic lesions based upon the predominant size of the cysts involved.

Pure macrocystic LM do not infiltrate into local soft tissue in contrast to microcystic disease witch infiltrates deeply within skin, fat, and muscle and therefore there are significant differences in clinical characteristics, treatment outcomes, and prognosis.

Major symptoms of microcystic LMs include oozing, bleeding, itching, pain, swelling in affected area, and secondary infection. Progressive growth of lesions may cause pressure to the surrounding organs. There is no single effective therapy for LMs, the treatment options include surgery, sclerotherapy, radiotherapy, and laser therapy. In the last years, oral rapamycin has been successfully used in lymphatic malformations

Unfortunately, the treatment is challenging due to frequently recurrences after the different options listed above even with rapamycin.

We aim to describe our experience about the clinical response in correlation with blood levels and highlight the relapses rate after dosage drug drops or discontinuation of rapamycin therapy.

Herein we report seven patients with Lymphatic malformations that were treated with rapamycin in the last 4 years in two medical centers.

Results: In our series all patients recieved 0,1mg/kg/day and blood levels were between 3-15 ng/ml. The therapeutic objective was to improve functionality, pain relief, to improve infection reccurrency and bleeding. We observed benefit on quality of life in 100 % of our











patients. There were not side effects in our series.

Conclusions: There is no consensus of the most adequate dosage. We usually based our treatments on publications, which use pharmacokinetically guided dosing. Therefore, we consider important to share our observations about the correlation between rapamycin blood levels and clinical response.



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