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## **TITLE**

Assessing the long-term consequences of hand arteriovenous malformation treatment: A comprehensive review based on 25 years of experience at a single referral vascular anomaly center.

## **BACKGROUND**

Hand arteriovenous malformations (AVMs) are extremely difficult to manage for their functional importance and cosmetic problems. A single center retrospective study was conducted to identify long-term outcomes of multidisciplinary team management of hand AVM.

## **METHODS**

Retrospective vascular anomalies center data was reviewed from 1995 to 2023. Patient's demographics, Schobinger's AVM stage, sclerotherapy details, surgical history, and adverse events after sclerotherapy were reviewed.

## **RESULT**

150 hand AVM patients visited our hospital from 1995 to 2023. Mean age was 33 years (range, 1-75 years) and 91 of 150 were female. 44 were Schobinger stage II and 106 were stage III. 101 patients (67%) received a total of 320 sessions of percutaneous sclerotherapy. Angiographic devascularization rates after sclerotherapy were as follows: 16 had 100% devascularization, 30 had over 90% devascularization, 34 showed 50-90% devascularization, 15 showed 0-50% of devascularization, and six showed aggravation. 123 of 320 of (39%) had sclerotherapy-related adverse events (112 were minor and 11 were major adverse events). 15 of 101 (15%) patients eventually received amputation surgery after mean 1618 days (range, 3-5444 days) after sclerotherapy [sclerotherapy-related necrosis (n=3) and delayed amputation (n=12)]. 13 of 150 (9%) of patients received primary surgical amputation for ulcer or bleeding (all Schobinger stage 3). Remaining 36 patients (34%) followed without any procedure.

## **CONCLUSIONS**

In our study, 67% of hand AVM patients (101/150) were initially treated with sclerotherapy and 9% of patients (13/150) by surgery. 80% of patients showed response to sclerotherapy (over 50% devascularization rate) with a major complication rate of 7%. However, 15% of patients eventually received amputation surgery after sclerotherapy.

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