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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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