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Vascular plug embolization therapy for an unusual pelvic arteriovenous malformation in a young adult

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Case Report: The management of pelvic arteriovenous malformations (AVMs) remains challenging due to extensive muscle pain involvement, higher probability of incomplete surgical resection and high recurrence rate. This report describes the case of a 24-year-old male with AVM in the left gluteal region. Vascular surgery would have involved widespread muscle debulking and extensive bleeding. So embolotherapy was preferred over surgical therapy to block the blood flow into the nidus of the AVM. The malformation was successfully treated with no recurrence. Peripheral AVMs demand multidisciplinary approach that integrates surgical therapy with embolotherapy. However, embolotherapy can be exclusively developed to improve the outcomes in unusual pelvic AVMs with very low morbidity and no recurrence.

Conclusion: The treatment of pelvic AVMs is a challenging topic for vascular surgeons. Multidisciplinary treatment may offer superior results. To minimize the complications associated with surgery, aggressive control of blood flow is vital and could be pliable with a chance of cure. Our case experience of using Amplatzer Vascular Plug has shown that transcatheter embolization plays a substantial role in and may be the treatment of choice for, symptomatic pelvic vascular malformations. Although it is demanding to outline indications, comprehensive and one-stage treatment is the ideal therapy. Extensive clinical trials are needed to understand the definitive role of vascular plug embolotherapy as a curative treatment of AVMs.

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