



CHARITÉ

UNIVERSITÄTSMEDIZIN BERLIN

**Specifics of invasive therapy in a
pediatric age group**

LINC 2020

Dr.med. Susanne von der Heydt
January 29, 2020

Disclosure

Speaker name:

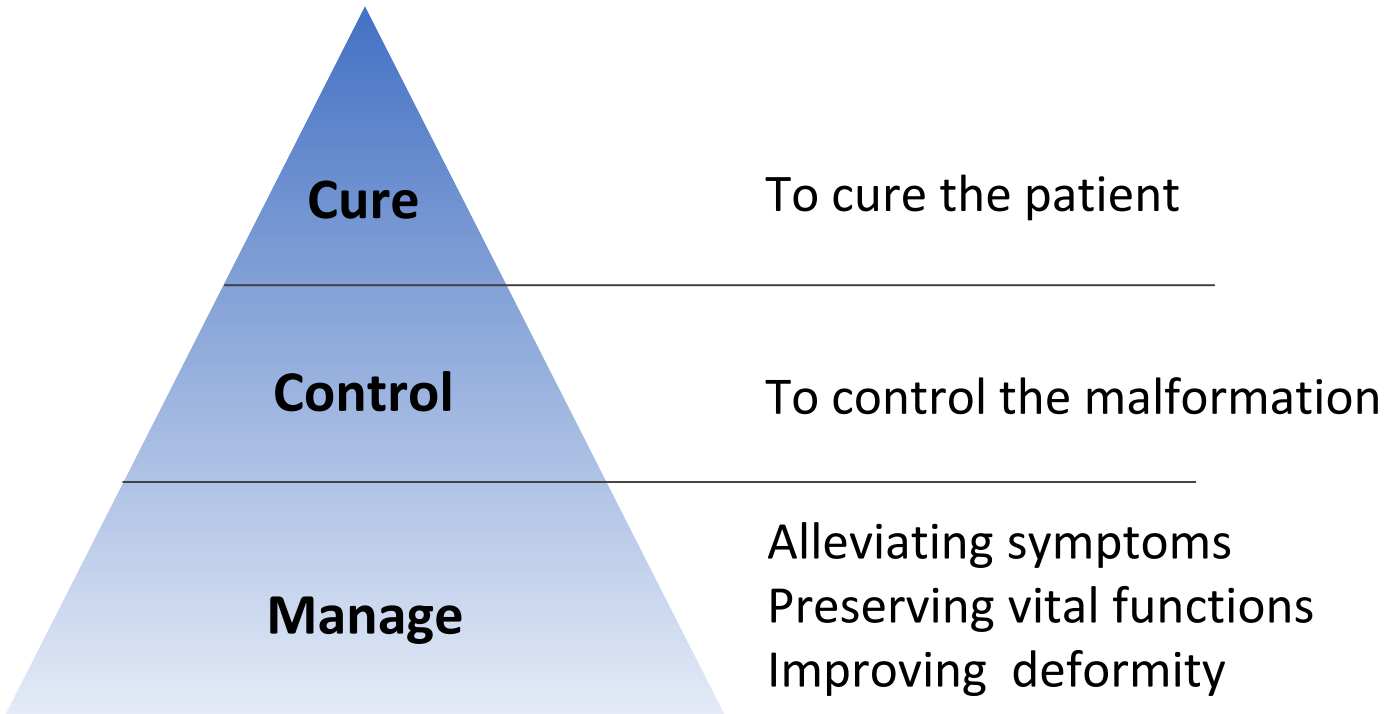
Dr. med. Susanne von der Heydt

I have the following potential conflicts of interest to report:

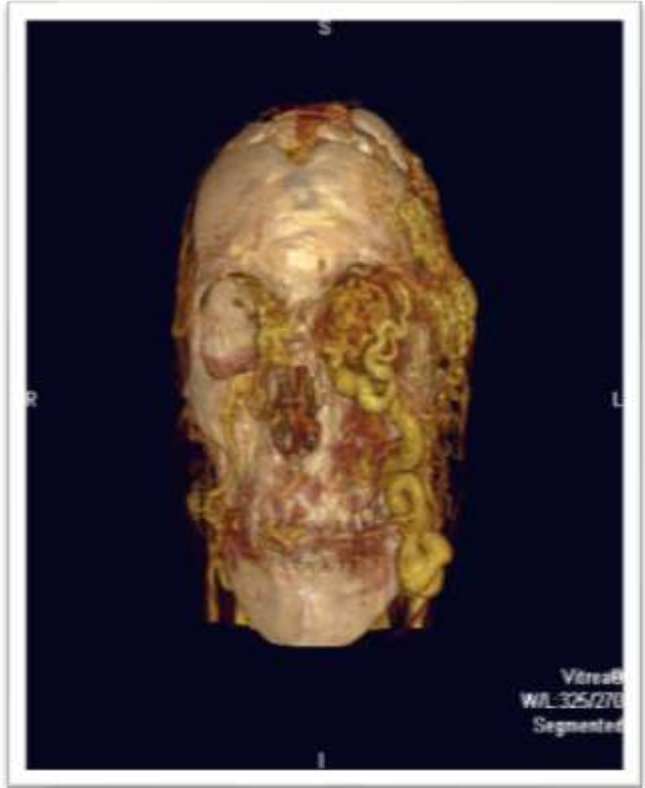
- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

- I do not have any potential conflict of interest

Goals of AVMs surgical treatment



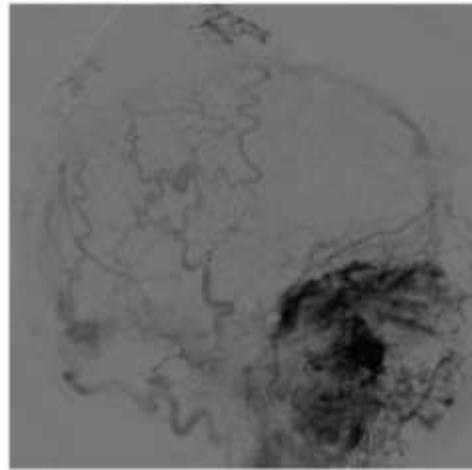
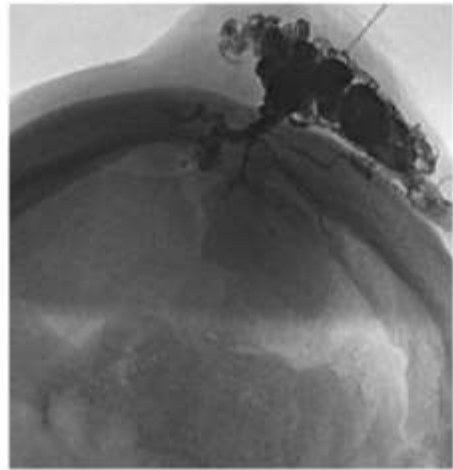
Worst Case



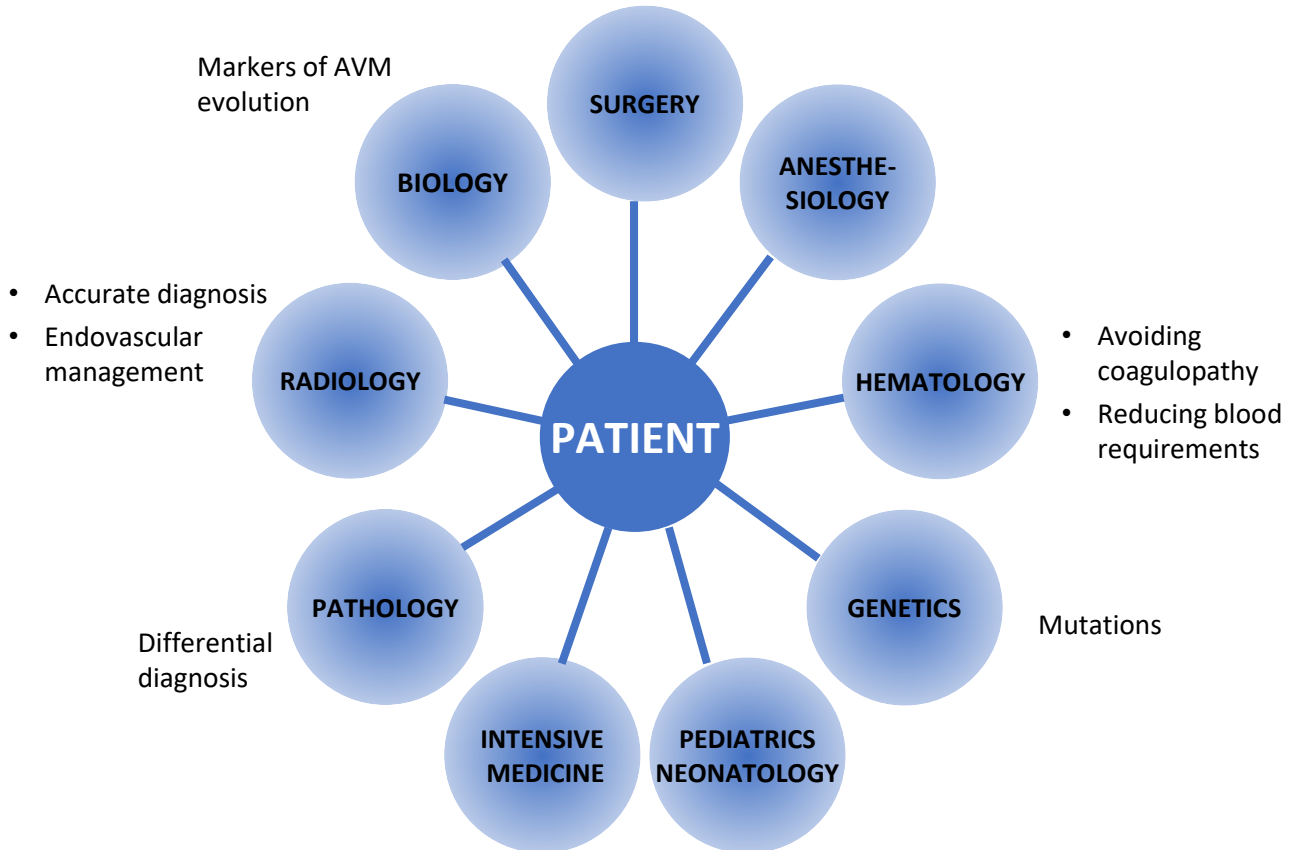
Worst Case



Worst Case – 11 years later



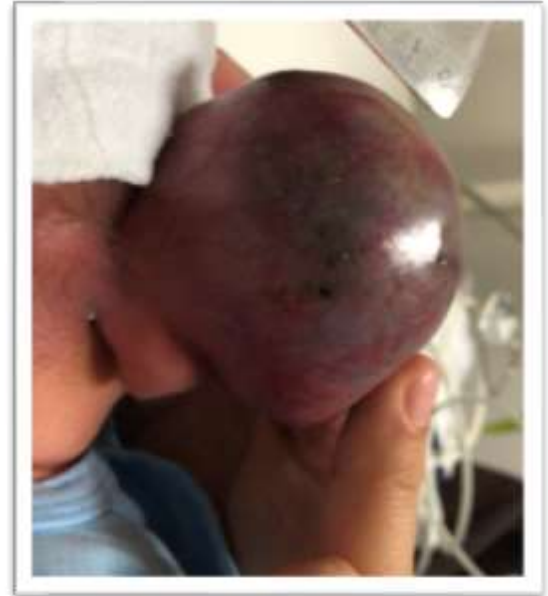
Interdisciplinarity



Factors to consider

- Diagnosis
- Size
- Age
- Schobinger stage
- Anatomical location
- Mutation

Diagnosis



Diagnosis



Diagnosis



Diagnosis

Innerhalb der genannten Formation gelingt kein sicherer
gefäßassoziierter dopplersonographischer Flussnachweis. Bild insgesa
bspw. vereinbar mit einer low-flow AVM.

teilung

Befund und Beurteilung:

Es liegen MRT Voraufnahmen vom selben Tag zum Vergleich vor.

Parkes Weber Syndrome



Schobinger Stage



Schobinger Classification

- I Quiescent
- II Expansion
- III Destruction
- IV Decompensation

Stage I AVM: Preventive surgical treatment

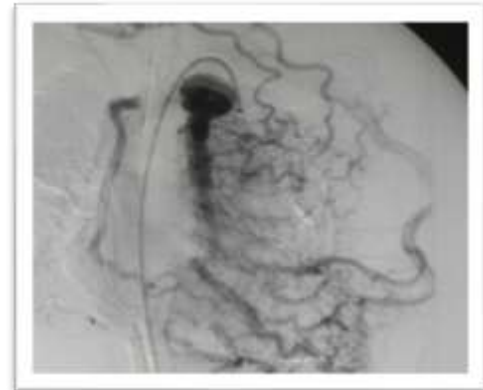
- In a non-anatomically important location (ie, trunk, proximal extremity)
- Small, well-localized AVM in a difficult location (ie, face, hand)

May be removed for possible “cure” before it expands and complete extirpation is no longer possible

Stage I AVM: Preventive surgical treatment



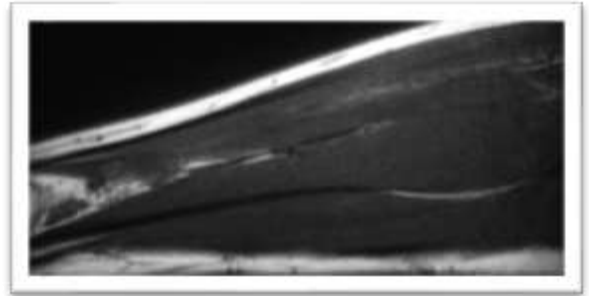
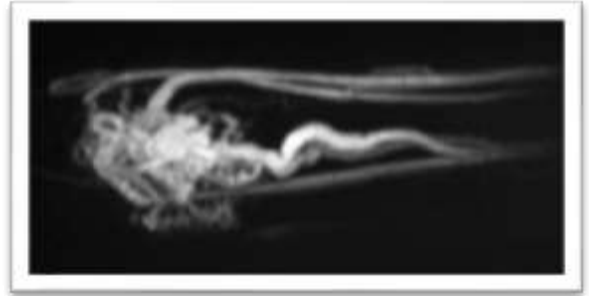
Stage I AVM: Preventive surgical treatment



No cardiac failure and signs of recurrence



Stage I AVM: Preventive surgical treatment



Stage I AVM: Preventive surgical treatment



Stage I AVM



Large, asymptomatic AVM's located in an anatomically sensitive area, such as the face, are best observed, especially in a young child not psychologically prepared for a major procedure and significant sequelae

Long time Quiescent



Some patients (20 %) do not experience significant long-term morbidity from their AVM until they are adults

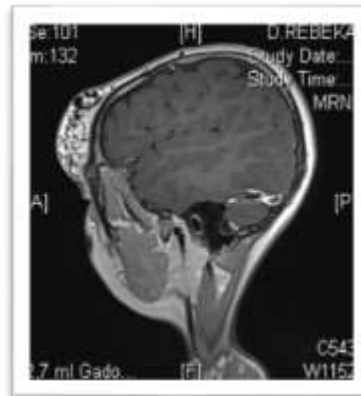
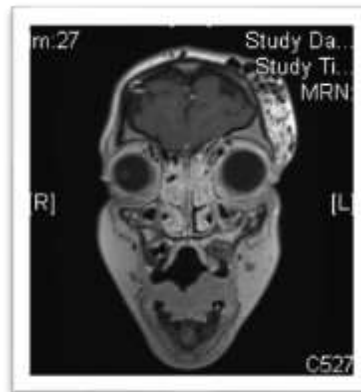
Stage III AVM



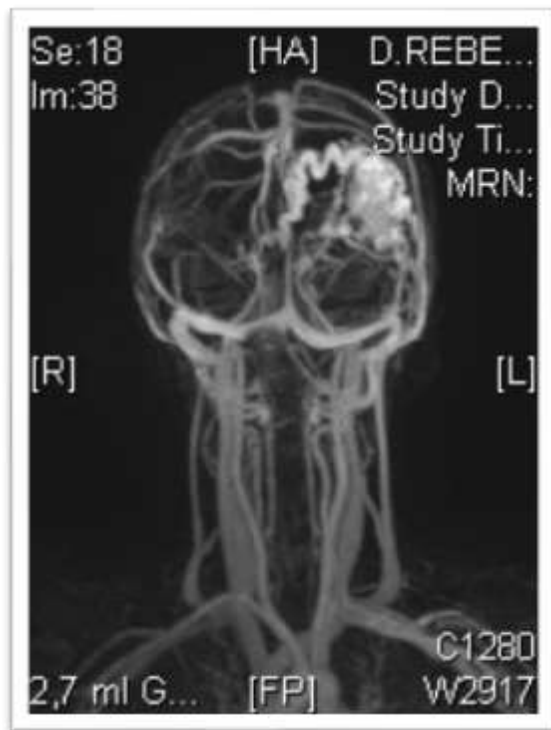
Stage III AVM



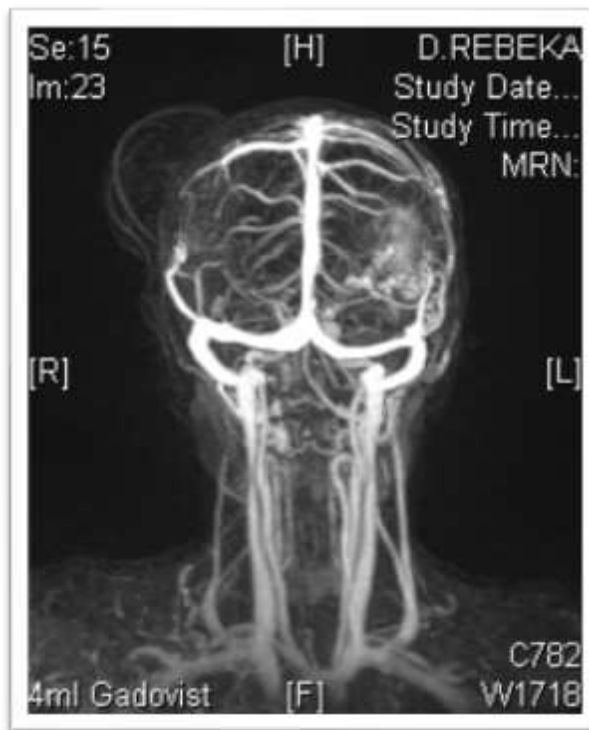
Stage II AVM – case report



Stage II AVM – case report



Before 1. Embolisation



Before 2. Embolisation

Stage II AVM – case report

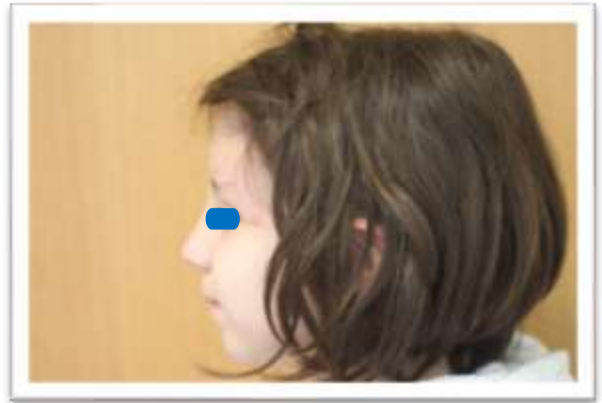


Stage II AVM – case report



2. Sklero direct puncture

Stage II AVM – case report



Stage II AVM – case report



Conclusions

- Solid knowledge of AVM evolution
- Accurate multidisciplinary evaluation
- Carefully evaluated strategy
- Modesty
- Lifelong commitment with the patient

Thank you for your attention



Deutsche interdisziplinäre
Gesellschaft für Gefäßanomalien





CHARITÉ

UNIVERSITÄTSMEDIZIN BERLIN

**Specifics of invasive therapy in a
pediatric age group**

LINC 2020

Dr.med. Susanne von der Heydt
January 29, 2020