UNDERGRADUATE ABSTRACTS

UG -10 : EMERGENCY GLUE EMBOLISATION OF BLEEDINGV GLUTEAL ARTERIO-VENOUS MALFORMATION (AVM)

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Aim: To highlight the endovascular glue embolisation of bleeding gluteal Arterio-Venous Malformation and management strategies of bleeding peripheral Arterio-Venous Malformations.

Materials and methods: Check A 45 year old male patient presented to our institute with active bleeding from pre-existent right gluteal swelling after having penetrating trauma. CT angiogram was done, which showed Arterio-Venous Malformation nidus at the subcutaneous plane of right gluteal region with active extravasation of contrast; feeding arteries were from dilated right inferior gluteal artery and venous drainage was seen into right internal iliac vein. This was followed by emergency Digital Subtraction Angiography (DSA) via left common femoral artery approach, which showed findings similar to CT. Two of the major feeding vessels of right inferior gluteal artery were super selectively catheterized using guide catheter & micro-catheter system with micro-catheter tip placed close to the AVM nidus. 33% glue-lipiodol mixture was injected via micro-catheter into the nidus. Angiogram showed opacification of small residual nidus, which was successfully embolised with 33% glue by direct percutaneous puncture under ultrasound guidance. Entire nidus was excised next day by vascular surgeon.

Results: Patient improved symptomatically. Follow up CT angiogram was done after 6 months which showed complete resolution of lesion without any residual nidus.

Conclusion: Extra cranial AVMs are far less common than intra cranial AVMs. Less than 2% of total AVMs involve pelvis. Transarterial embolisation is the preferred method in the management of bleeding peripheral AVMs as done in our case.