MANGEMENT OF COMPLEX HEAD & NECK
LOW-FLOW VENOUS & LYMPHATIC
MALFORMATIONS

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FOUR YEAR OLD FEMALE

- Massive "Cystic Hygroma"
- Misnomer and should be termed "Lymphatic Malformation"
- Lesion is between the pre-vertebral tissues and trachea and extending bilaterally in the neck and pharyngeal tissues.
- Tracheostomy and G-tube placed since birth.

Multiple cystic components

Direct puncture access into the cystic lesion 21 g needle

Cure at 3 year f/up. Tracheostomy has been removed.
Facial VM with phleboliths in 6 year old boy.

Direct puncture angio Lt face VM

5 month f/up post-treatment. Significant decrease in size.

- 18 year old male with Rt eye retroorbital venous malformation causing significant proptosis and intermittent pain.
- Vision is normal.
10 year old boy with mixed venous-lymphatic malformations of the tongue. Serosanguinous drainage from the tongue lesions was a constant occurrence. Note the tongue median raphe is far to the left due to mass-effect of the tongue LM/VM.

T-2 weighted fat suppressed MR shows bright signal in lesion involving most of the right half of the tongue extending to the left.

Direct puncture angios show spiculated venous sacs more typical of lymphatic lesions than the purely venous lesions.
Mid-point of treatment after several ETOH injections. Note marked decrease in excoriative tongue surface lesions.

After complete ETOH treatment. Note absence of any lesions and median raphe in midline due to LM/VM volume loss.
Conclusions

ETOH percutaneous and endovascular therapy is routinely efficacious in the primary treatment of small and large infiltrative and multi-focal venous and lymphatic malformations affecting the tongue, face, scalp, orbital, and other head & neck areas.