Intralipomatous Ateriovenous Malformation

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What is it
- Intra lipomatous AVM
- There is a synergistic epigenetic inducement of cellular growth and proliferation
- These are in reality Vascular Tumors.
- There is pathological lipid and vascular cellular anatomy

Abnormal Vascular and Lipomatous Cells
- Large Fat cells
- Very large and proliferative vascular cells
- Close proximity of both vascular and fat cells.

Financial Disclosure
- Nothing to disclose

Abnormal Vascular and Lipomatous Cells

Lateral View of the Tumor
Tumor from Above

Excision of Tumor Mass

Successful Embolization of Veins
Dr. Yakes

Residual Defect After Flap Rotations
Six Weeks Later

What Went Wrong

- The original tumor was removed
- Margins when first looked at were free of vascular tissue at the periphery
- There remained an area of an open wound that did not heal
- The patient began to bleed from recurrent subcutaneous vascular malformation

Recannalizations of Embolized Vessels

Residual or Recurrent Lumbar Vascularity

RE-Operation Excision of all residual fat
Why?

- The pathology that was reviewed when there the second major surgery was performed revealed the close proximity of fat and vascular cells both of which appeared abnormal.
- There is evidence from the pathology that the fat and vascular cells are communicating at a cellular level.

Repeated ETOH injections

- The second surgery removed all visible fat cells by removing all fat and deep fascia.
- Blood vessels were followed deep into the para spinous muscles, and ligated deep
- Many repeated ETOH and embolizations to eradicated as much of the pelvic vascularity.
Where are we now

- 14 months of therapy
- 10 months after the last major surgery
- To the best of our current knowledge we have eradicated both the fat and viable vascular cells
- Have we cured Her? Only time will tell
- The patient on 11-21-15 will return to Cambodia