HHT: Overview & Embolization Techniques
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Hereditary Hemorrhagic Telangiectasias or Osler-Weber-Rendu

Curacao Criteria
• Spontaneous, recurrent epistaxis: nosebleeds
• Telangiectasias in “classic” locations: lips, tongue, fingertips, ears
• AVM’s: lungs, liver, brain
• 1st degree family member with HHT

Epistaxis
• Don’t embolize or cauterize

• Medical Management
  • Hydration
  • Doxycycline
  • Estrogen cream
  • Avastin

No disclosures
Pulmonary AVM

- Embolize as distal as possible
- Recanalize and recruit new systemic feeders
- Wait in children
Complications of liver AVM

- High output heart failure
- Biliary necrosis
- Portal hypertension

Summary

- Epistaxis: medical management, don’t embolize
- PAVM: embolize (with caution in kids)
- Liver AVM: medical management and/or transplant, don’t embolize
- Brain AVM: embolize + surgery (standard)