Endovascular Repair of AVMs of The Mandible And Ear

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Financial Disclosure
None

Contents
- 1 case of mandibular AVMs with ethanol and coils embolization
- 1 case auricular AVM with ethanol under the help coils and PAD
- 1 case AVM in the deep face to avoid coils migration
- Embolization procedure recorded in video
AVMs in the mandible

HISTORY

Gender: Male  Age: 29
Chief Complaint: Swelling mass in left face and neck
- 8 years
- Chest distress & heavy breathing in recent one year
- Pulsatile tinnitus
- Nosebleeds occasionally with spontaneous hemostasis

Physical Examination

- Huge mass in right head & neck
- Higher temperature
- Pulsatile thrilling
- Venous engorgement of EJV

Pre-treatment enhanced-CT

Diagnosis

AVM in right lateral deep face
Yakes Type I
Schobinger Stage IV

Features

- Necessity: Stage IV, young age, progressive
- Difficulty: High-flow, large DOV
- Risk: Migration, complications
Treatment Plan

- Presurgical angiography
- Occlusion of the DOV
- Obliteration of the NIDUS

First procedure- percutaneous suture & fix

1st procedure—2018.4.31

- 12 × Interlock (60cm; 0.018mm)
- 1 × Microvation (68cm; 0.018mm)
- 3 × EV3 (50cm; 0.018mm)
- 127 × COOK Nester (14cm; 0.018mm & 0.035mm)
- Absolute Ethanol: 35ml

After 6 weeks

Post treatment photo
2 months after treatment

Take home messages

- Target in treating AVM: NIDUS and outflow vein
- Key point of high-flow AVM with DOV: Control the migration
  - Suture & fix, suture & ligation of DOV,
  - Detachable coils Heart occluder
- Stable therapeutic effect: chemical destruction of Ethanol
- Stage IV AVM: CURABLE! DO NOT GIVE UP!

Thank you for your attention