

VIII SISAV International Congress

Vascular anomalies:
update on diagnostic
and therapeutic approach

Roma

9-11 / 9 / 2021

Auditorium Valerio Nobili
Ospedale Pediatrico Bambino Gesù
(Sede di S. Paolo)
Viale Ferdinando Baldelli, 38

Immagine per gentile concessione della Fabbrica di San Pietro in Vaticano



MAV:

Inquadramento Diagnostico Strumentale

Massimo Rollo

U.O. C. Radiologia Interventistica, Dipartimento di Immagini

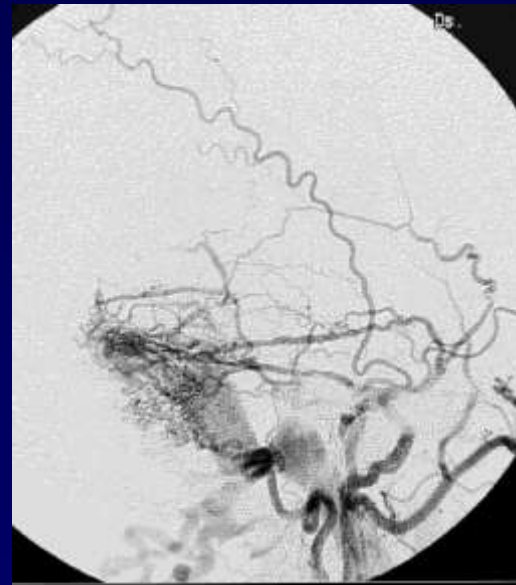
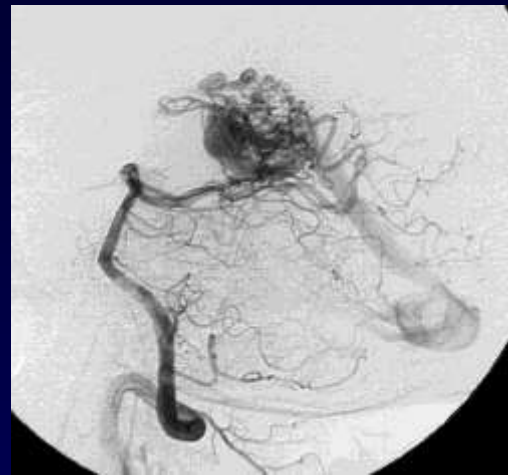
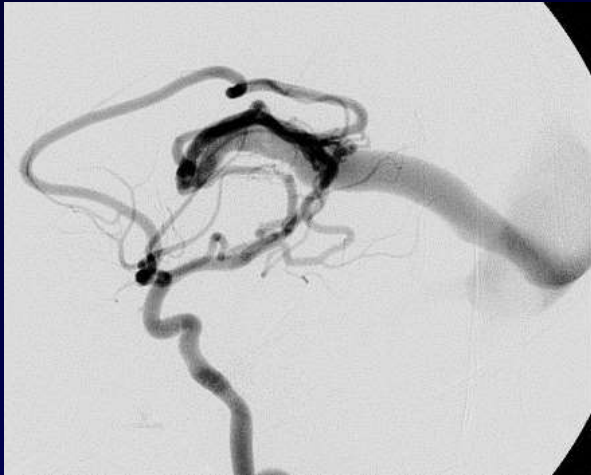
Obiettivi

- Diagnosi Differenziale
- Caratteristiche della MAV
- Storia Naturale
- Aspetti Fisiopatologici
- Diagnostica per Immagini Integrata
- Follow-Up

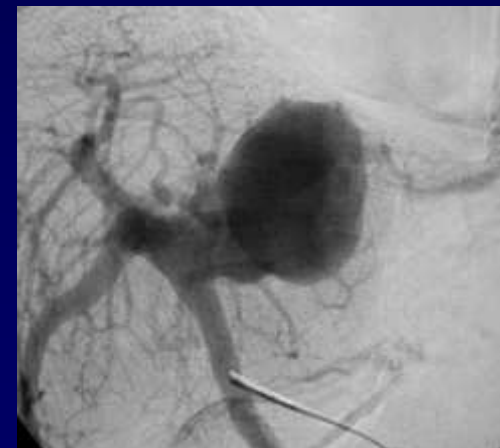
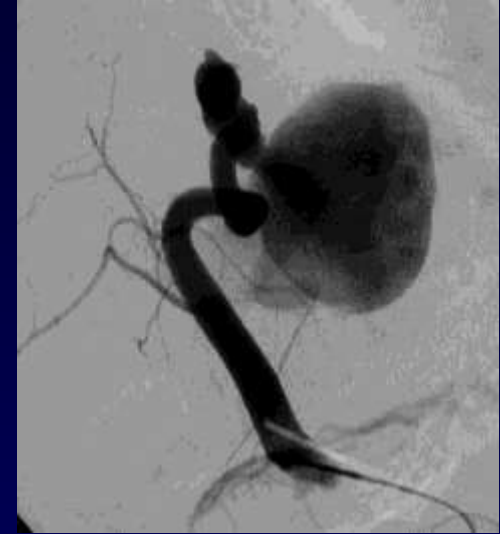
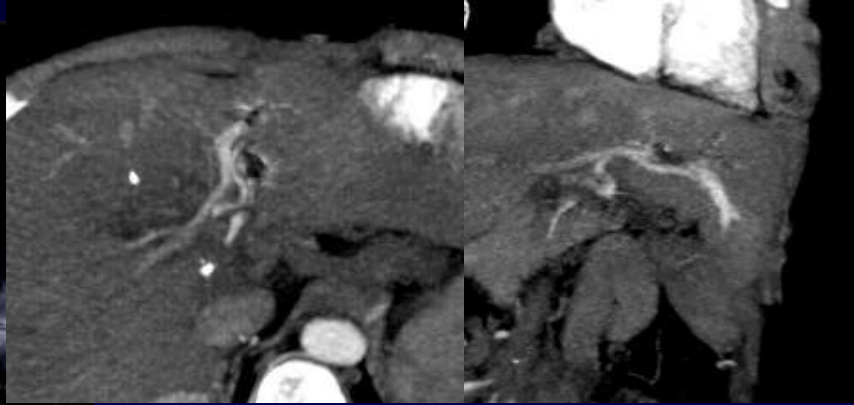
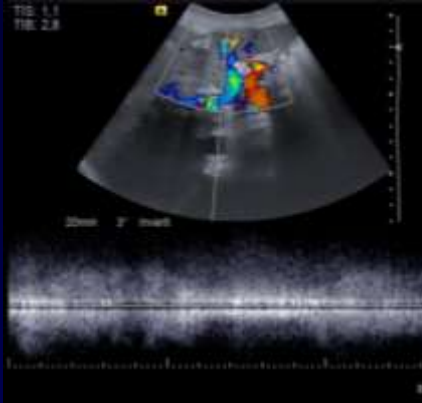
Diagnosi Differenziale

- Patologie da Iperafflusso
- Malformazioni Vascolari
- FAV (congenite o acquisite)
- Quadri Sindromici

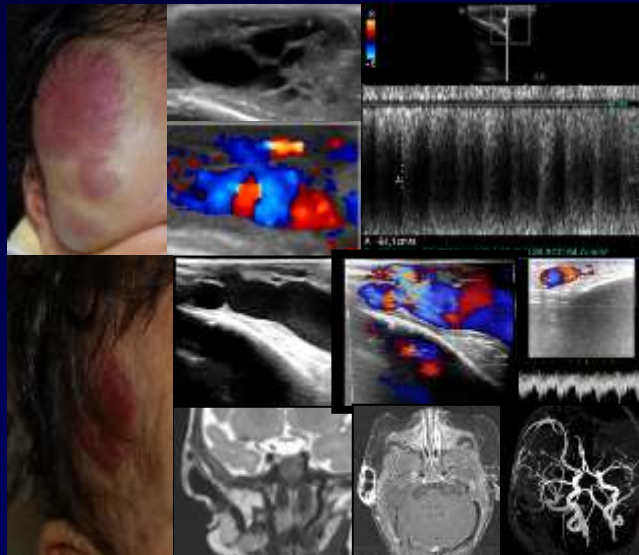
Diagnosi Differenziale



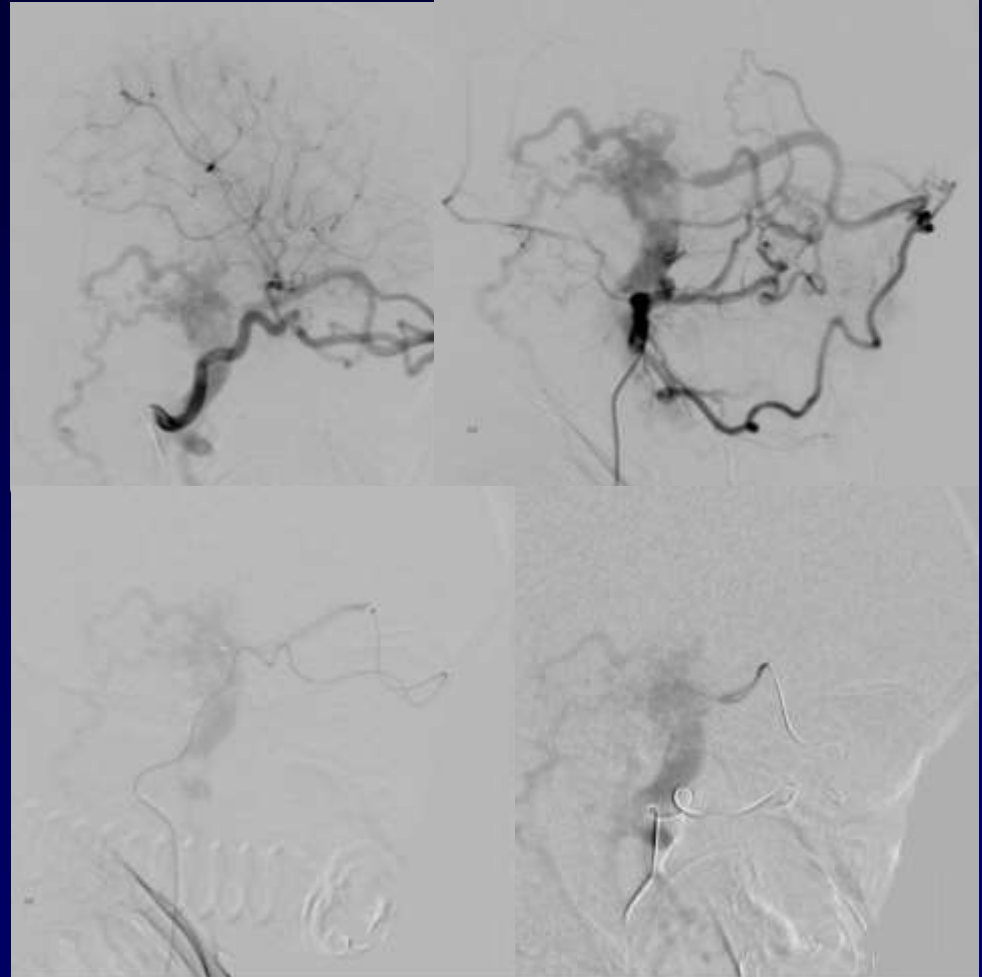
Diagnosi Differenziale



Diagnosi Differenziale



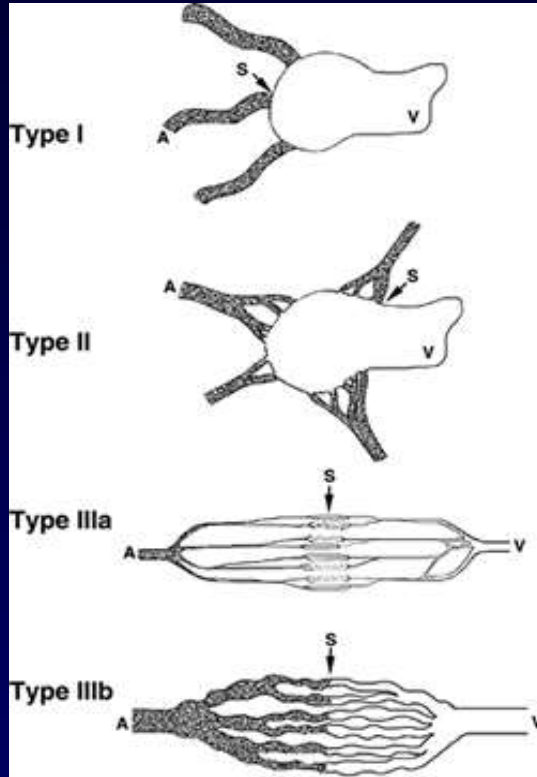
RICH



Caratteristiche della MAV

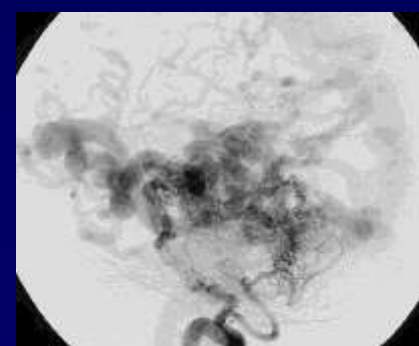
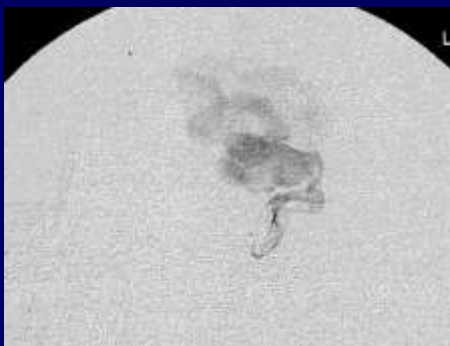
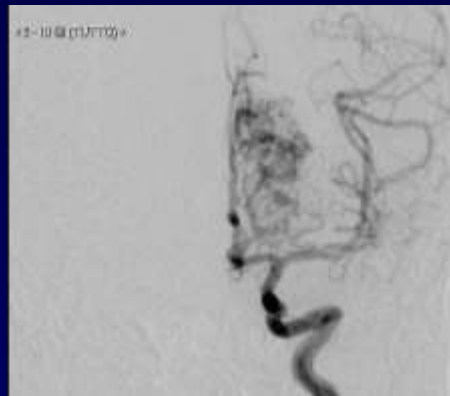
- Angioarchitettura
- Profilo Emodinamico
- Caratteristiche del Tessuto Ospite

Angioarchitettura



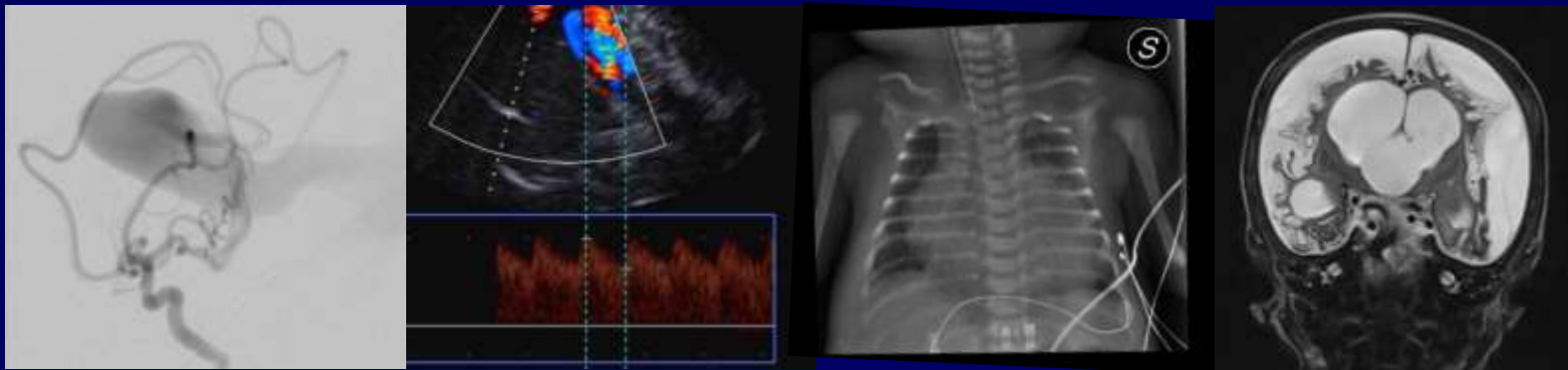
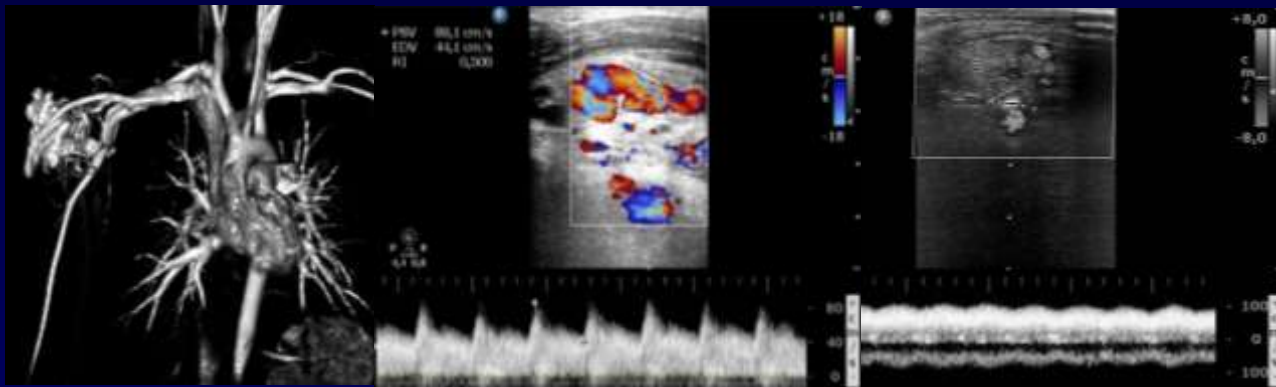
SK.Cho e E Houdart 1993

Compartimentazione

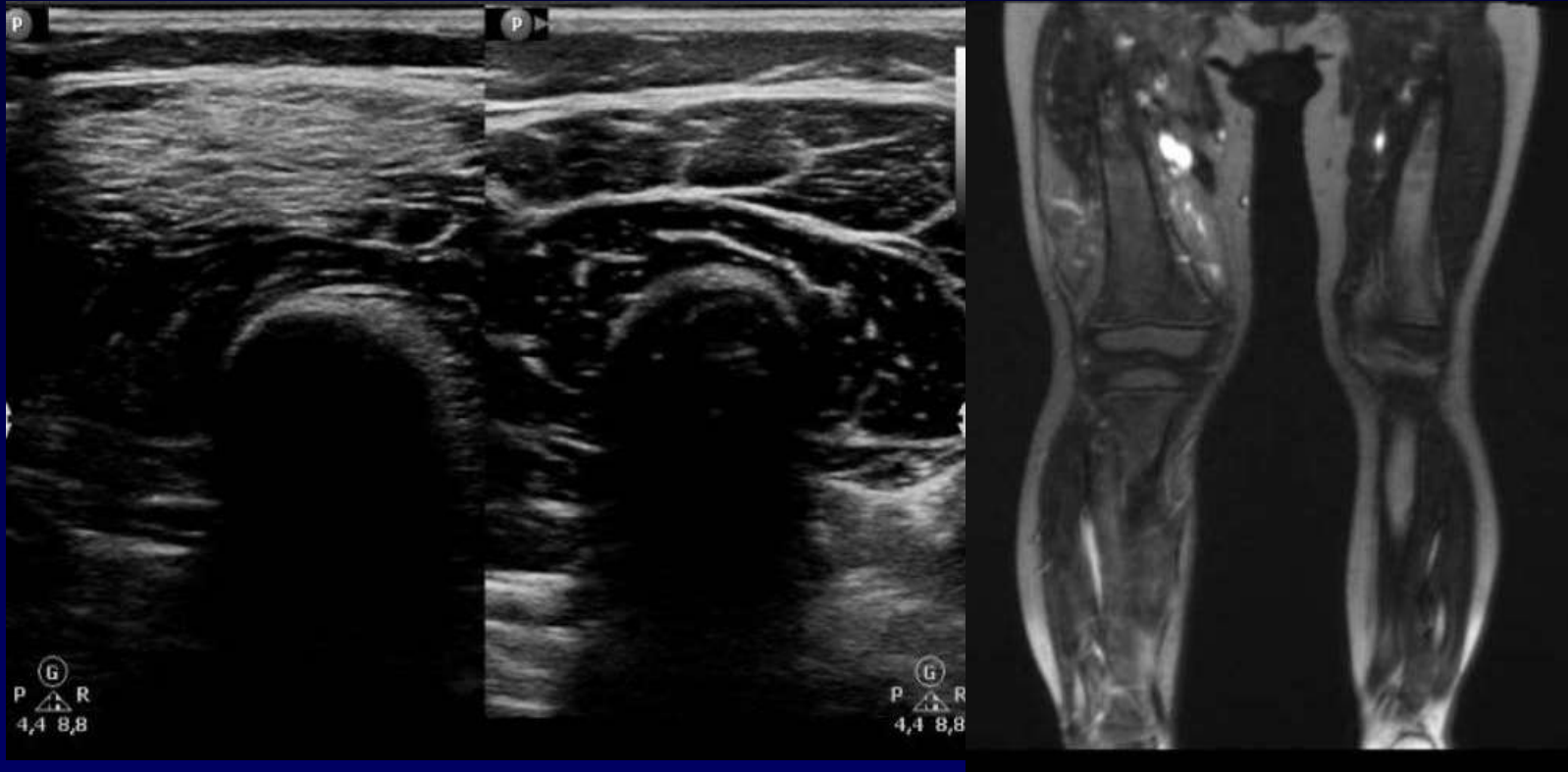


Emodinamica

- Profilo emodinamico
- Scompenso circolatorio
- Iperensione venosa



Tessuto Ospite

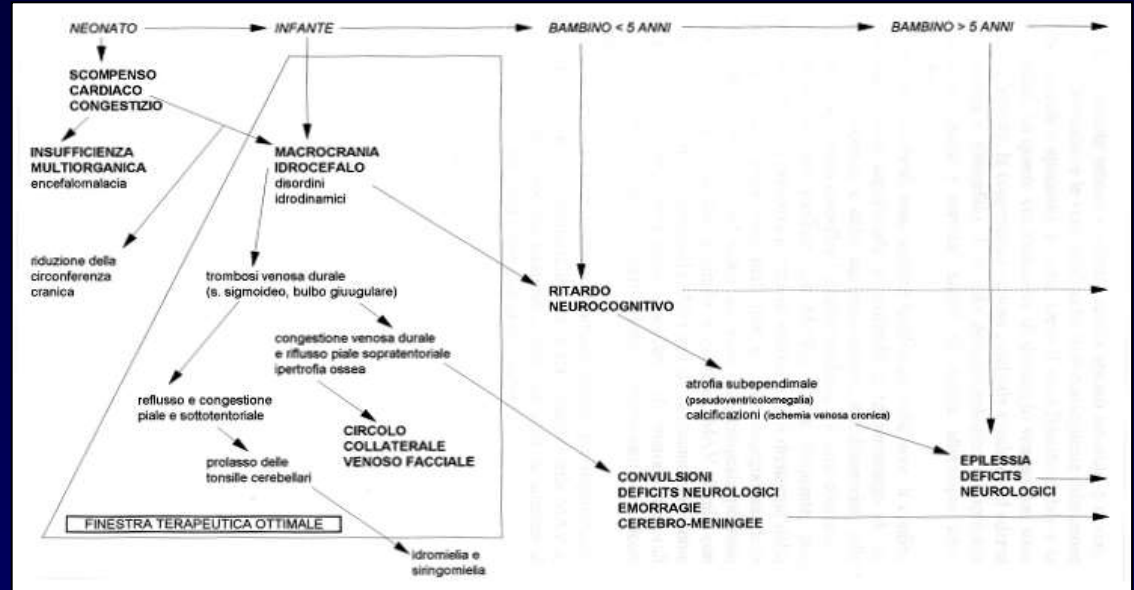
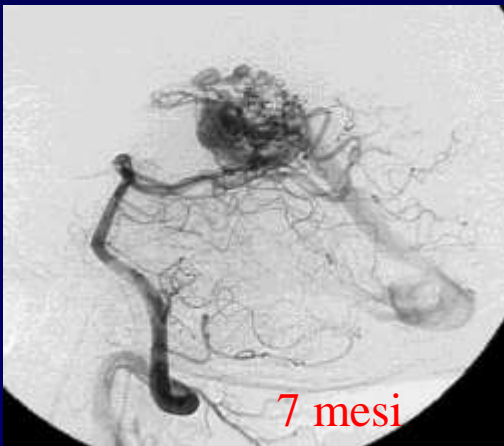
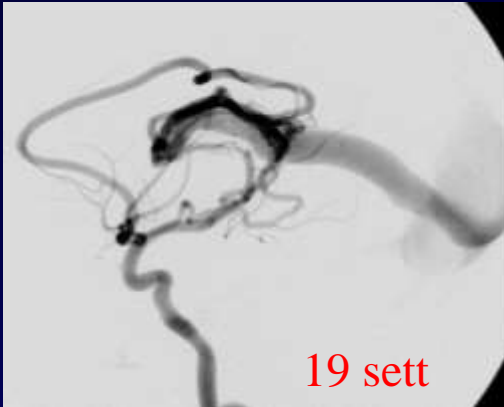


Storia Naturale

- Caratteristiche della MAV
- Sede
- Età
- Emodinamica
- Condizione Clinica del Paziente

Storia Naturale

Periodo di formazione della MAV



P. Lasjaunias

1981-2002: 317 pazienti , 233 trattati

Rischio Emorragico 2% anno


Sede

- ✓ Isolate
- ✓ Multiple
- ✓ Quadri Sindromici


- Encefalo
- Collo
- Polmone
- Addome
- Arti

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 CrossMark

ISSVA classification

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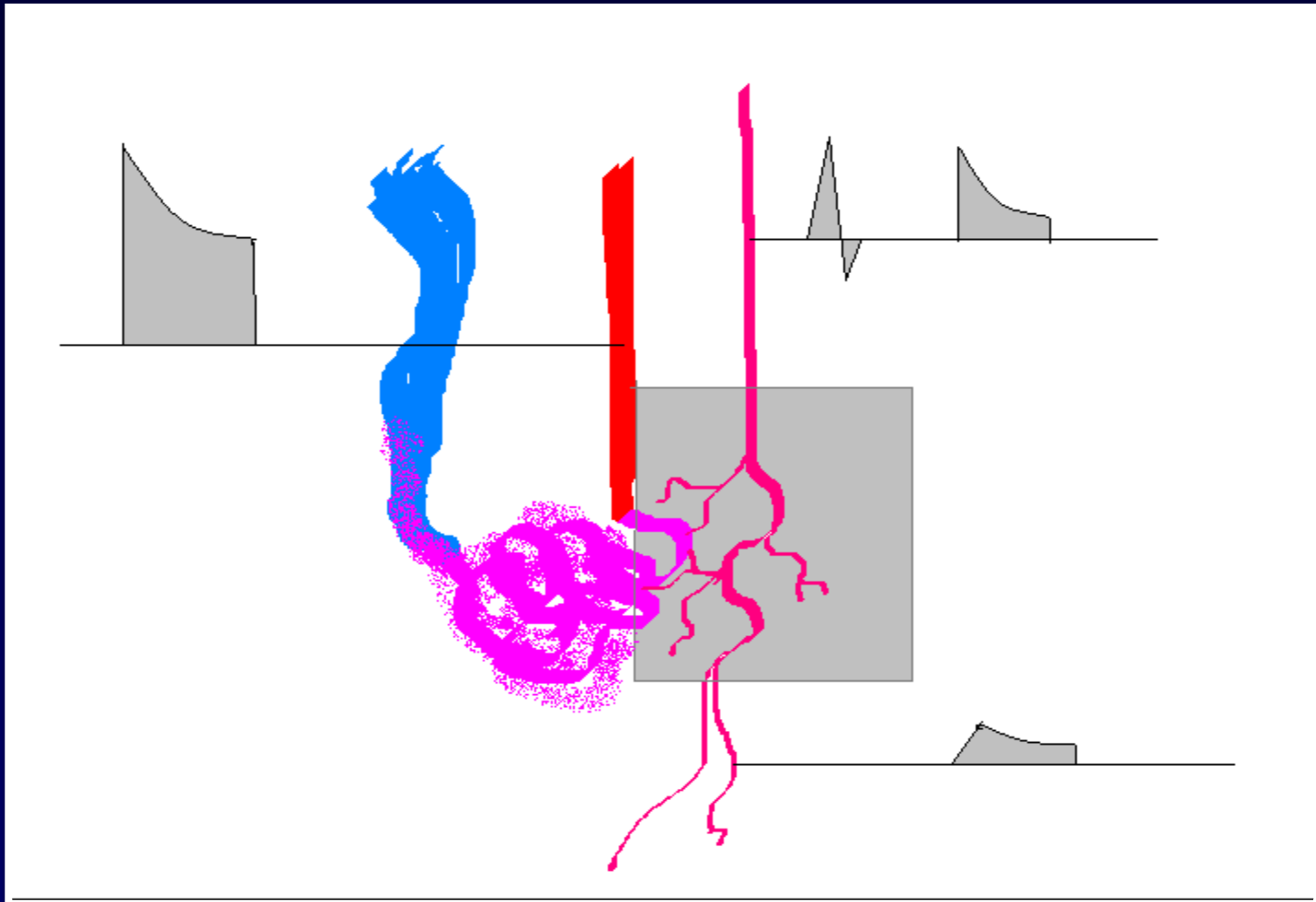
^b Department of Surgery, Boston Children's Hospital, Harvard Medical School, Boston, Massachusetts

| Vascular malformations associated with other anomalies | |
|--|--|
| Klippel-Trenaunay syndrome: | CM + VM +/- LM + limb overgrowth |
| Parkes Weber syndrome: | CM + AVF + limb overgrowth |
| Servelle-Martorell syndrome: | limb VM + bone undergrowth |
| Sturge-Weber syndrome: | facial + leptomeningeal CM + eye anomalies +/- bone and/or soft tissue overgrowth |
| Limb CM + congenital non-progressive limb hypertrophy | |
| Maffucci syndrome: | VM +/- spindle-cell hemangioma + enchondroma |
| Macrocephaly - CM (M-CM / MCAP) | |
| Microcephaly - CM (MICCAP) | |
| CLOVES syndrome: | LM + VM + CM +/- AVM + lipomatous overgrowth |
| Proteus syndrome: | CM, VM and/or LM + asymmetrical somatic overgrowth |
| Bannayan-Riley-Ruvalcaba: | AVM + VM + macrocephaly, lipomatous overgrowth |

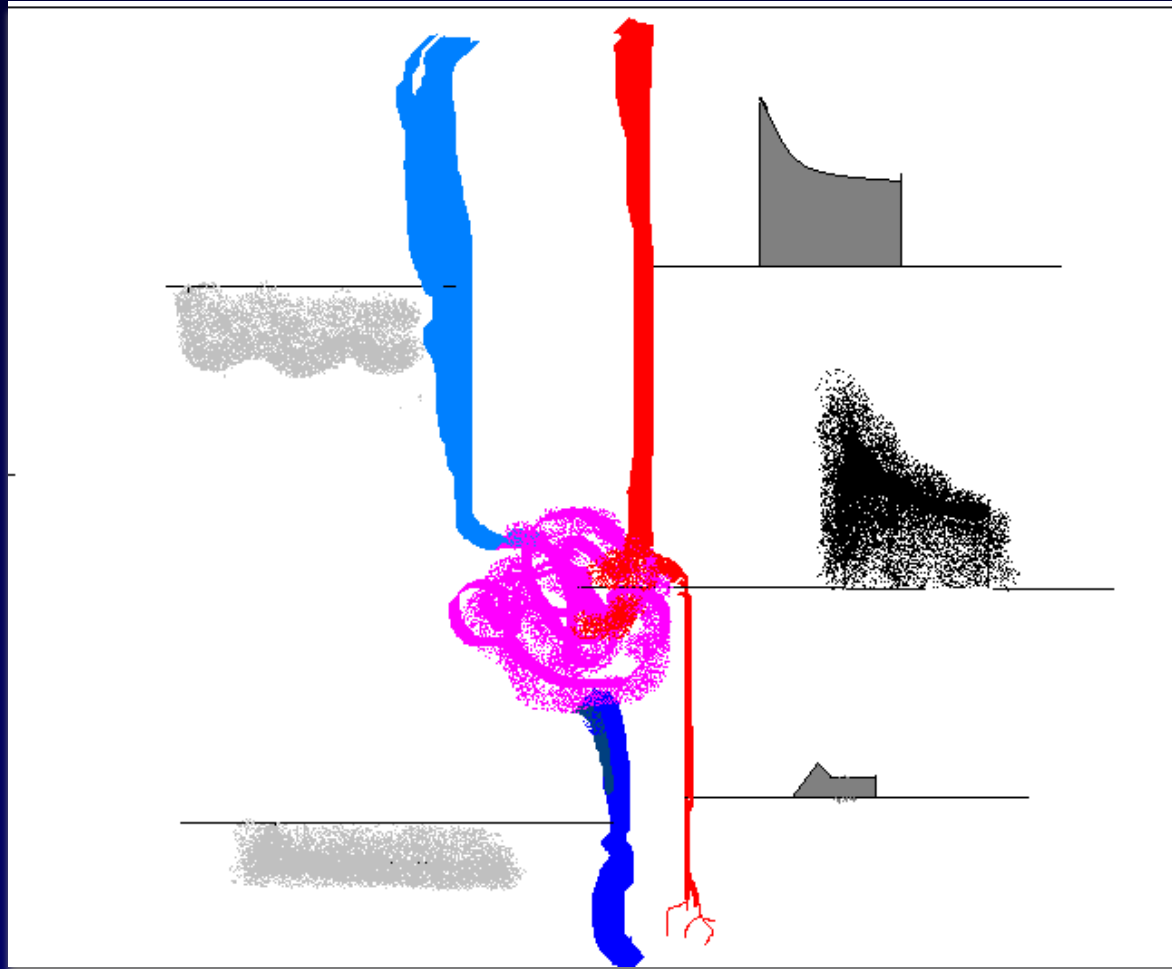
Aspetti Fisiopatologici

- Profilo Emodinamico
 - Scompenso Cardiocircolatorio
 - Interazione con il Tessuto Ospite
 - Emorragia
 - Ischemia transitoria, cronica, progressiva
 - Fenomeno da Furto
 - Ipertensione Venosa

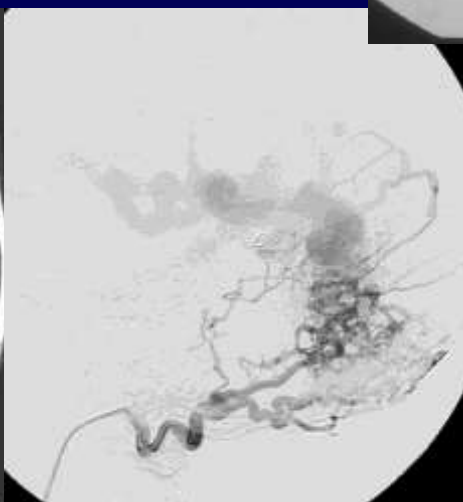
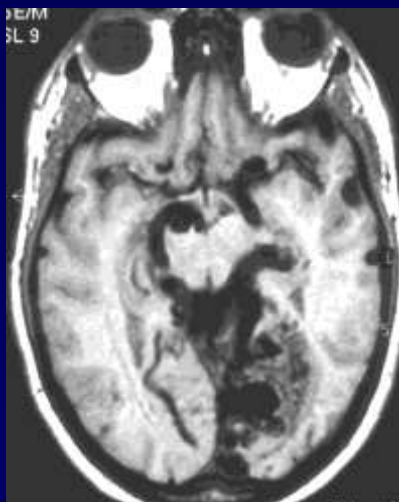
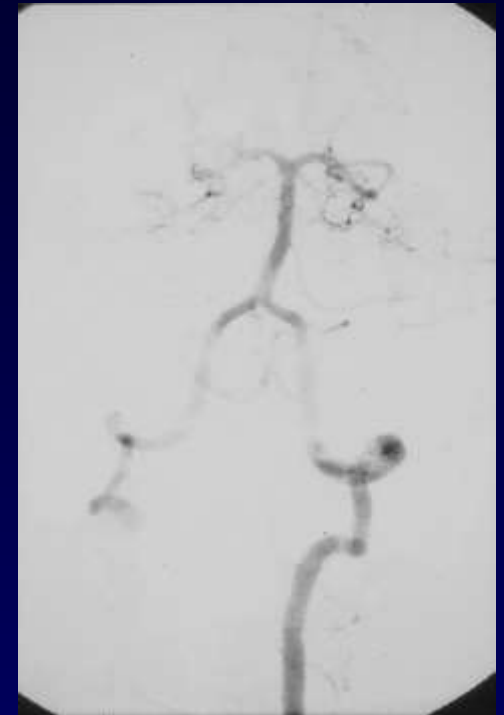
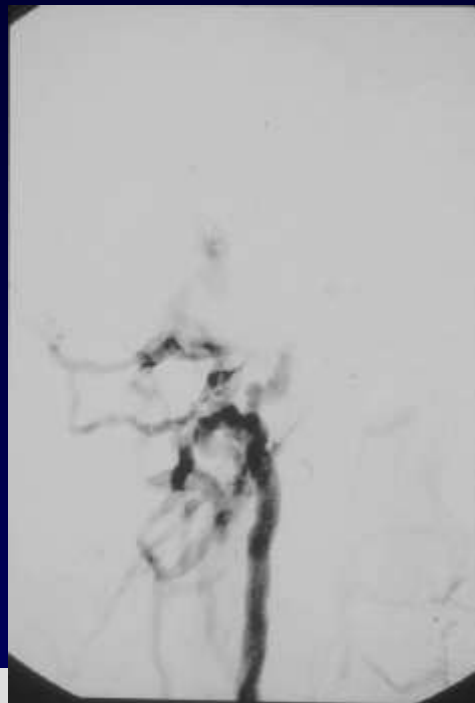
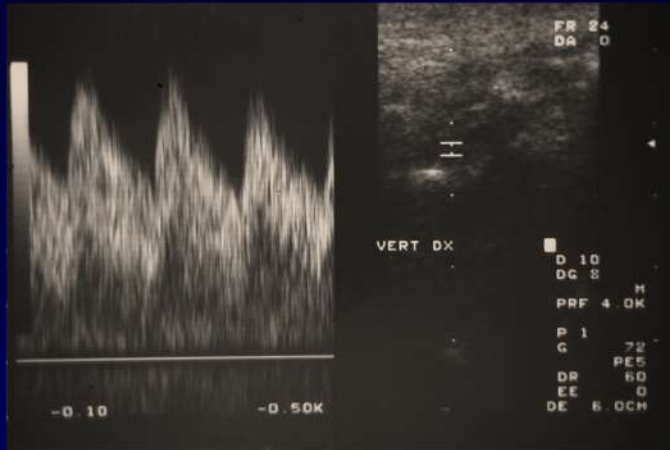
Circolazione Collaterale



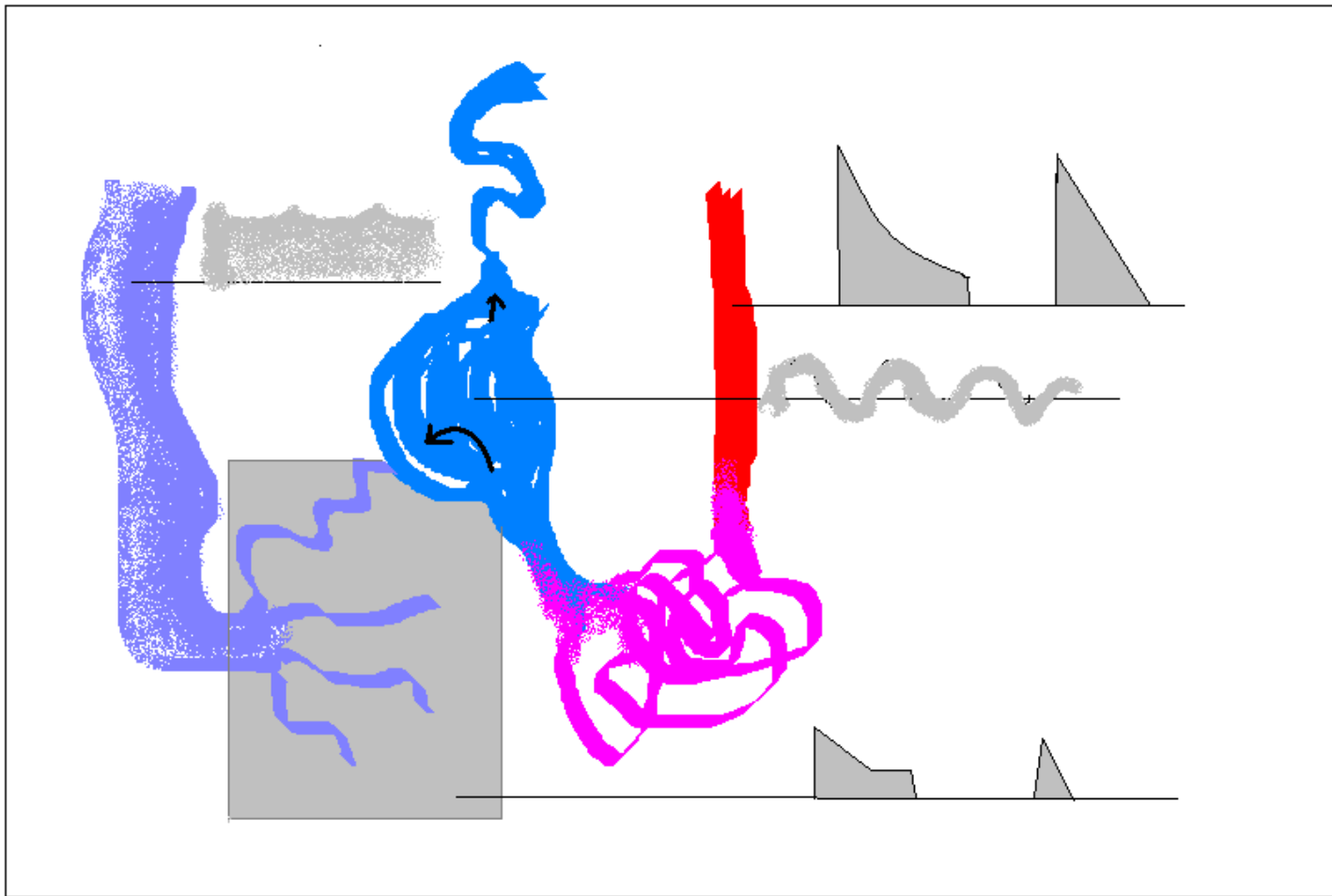
Fenomeno da Furto



Fenomeno da Furto

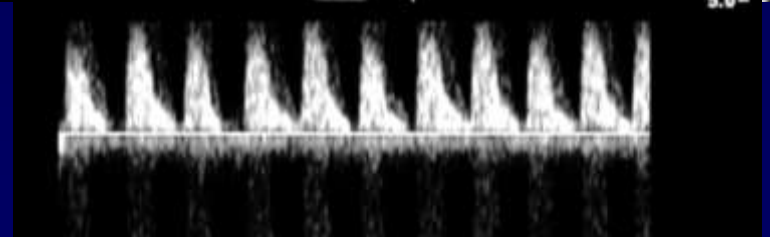
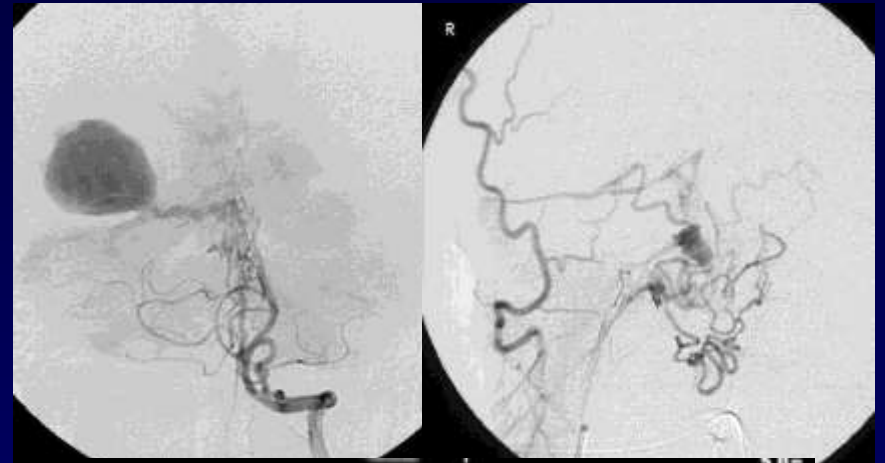


Iperensione Venosa

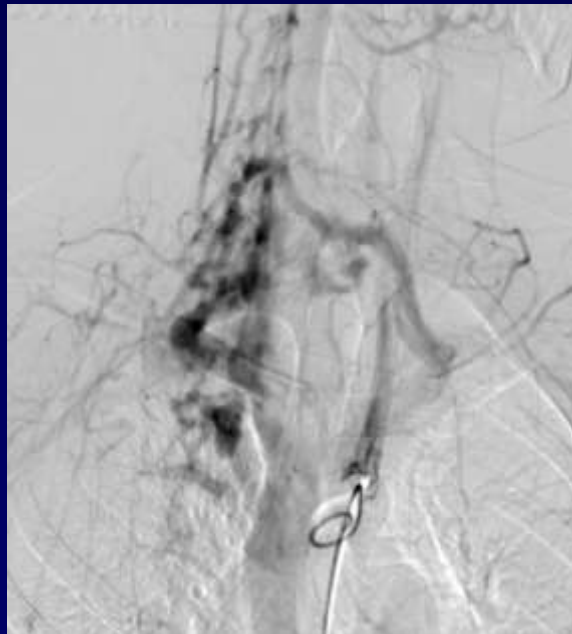
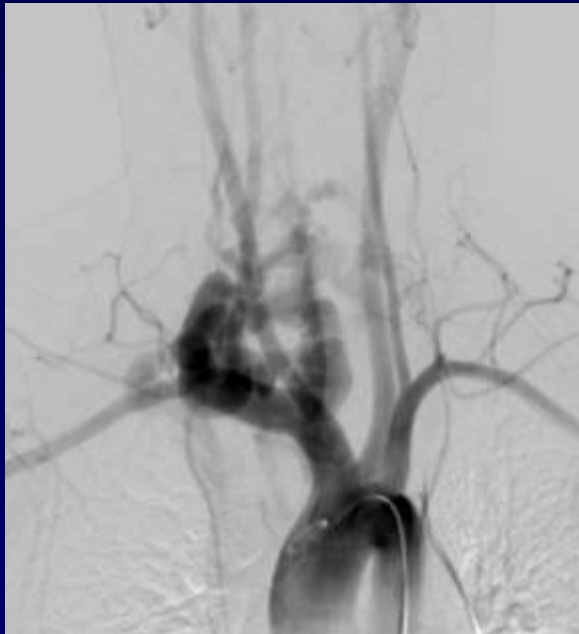


Ipertensione Venosa

Reflusso venoso



Ipertensione Venosa



Diagnostica per Immagini

- Ecografia
 - Ecocolor-Doppler
 - TC
 - RM
 - Angiografia
-
- Presentazione Clinica

Follow-Up

- Confronto
- Terapia
 - Integrazione Terapeutica
 - Tempo Terapeutico
- Condizione Clinica del Paziente

Conclusioni

- Diagnosi nelle MAV: approccio culturale
 - ✓ Embriologia
 - ✓ Anatomia
 - ✓ Fisiopatologia
 - ✓ Clinica
- Diagnostica per immagini
 - ✓ (Radiologia clinica)
 - ✓ Integrazione delle metodiche
 - ✓ Cultura, tecnica-metodologica
- Diagnosi → Follow-up