Treatment of AV-malformation in visceral arteries

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Disclosure

Speaker name:
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I have the following potential conflicts of interest to report:

☒ Consulting (Abbott, BTG, Siemens, GORE, CeloNova)
☐ Employment in industry
☐ Stockholder of a healthcare company
☐ Owner of a healthcare company
☐ Other(s)

☐ I do not have any potential conflict of interest
Key Facts

- usually rare findings
- associated with connective tissue diseases
- often complex hemodynamics

Indication for treatment (i.e. visceral AVM’S)

- pain (induced by ischemia / malperfusion)
- venous hypertension
- high-output-cardiac failure, large shunting
Diagnostic workup

- primary non-invasive (Ultrasound, MRA, CTA)
- exact evaluation of hemodynamic only by DSA

- arterial feeders?
- venous drainage?
- Perfusion of depending organs?
- Classification?
- Treatment options?
Classification Scheme

- **mechanic devices**
- + liquids
- + liquids
- + liquids


Case: mesenterico-portal Fistula
Amplatzer VP II

Visualization of Fistula Type I  high-flow Dynamic  after deployment of AVP II
Conclusion

- exact definition of malformation type is mandatory
- treatment planning often requires multimodality imaging
- endovascular treatment is the treatment of first choice
- several devices and methods in dependency of the malformation type and hemodynamics
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