VENOUS TUMOURS Venous malformation cavernous angio

VENOUS TUMOURS Venous malformation cavernous angioma/haemangioma

These malformations are common, representing one end of a spectrum of arteriovenous malformations. They often a ff ect the skin but also extend into the deep tissues, including bones and joints. They usually present with variable swelling and dilated veins beneath the skin. Occasionally , there is no visible mass and the complaint is one of pain. Haemorrhage and thrombophlebitis may exacerbate the pain. A soft compressible mass, which is venous in colour especially if it is under the skin, is usually present (Figure 62.40a). A dark-blue tinge is often apparent, even if the malformation is deeply situated. Nodules within the mass usually represent previous episodes of thrombosis. The size and extent of the haemangioma are best visualised by nuclear MR with a short tau inversion recovery (STIR) sequence (Figure 62.40b) or CT scanning with contrast enhancement. V enography rarely shows an abnormality , but direct puncture with contrast injection shows the connections of the malformation. Treatment is a highly specialised area. Treatment options nowadays rarely initially involve surgical excision as once this Alexis Carrel , 1873–1944, a French surgeon who emigrated to work at the University of Chicago, Chicago, IL, USA. He was awarded the Nobel Prize in Physi ology or Medicine in 1912 for pioneering vascular suturing techniques. is done future embolisation and sclerotherapy are very di ffi cult. No treatment is entirely curative because it is di ffi cult to remove all of the angiomatous tissue or sclerose the angioma com - pletely . Sclerosis can be dangerous when the veins connect to the deep system, particularly near the central nervous system.

(b) (c) (d) (e) Figure 62.39 Types of venous repair: (a) lateral suture (risk of ste

nosis); (b) patch graft; (c) Carrel triangulation technique of venous anastomosis; (d) panel graft; (e) spiral graft.

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