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Orbital cavernous venous malformation radiology

A 4-year-old child who presents with painless and just esophthalmos. IMAGES FINDINGS An orbital resonance was performed to assess the cause of the exoptalmus (Figure 1.) Axial and coronal images revealed a lobulized, un calcified, intraconal, orbital soft-textile mass that pushed the right globe before about 4 mm. The lobulated nature of the injury suggested the diagnosis of intraorbital venous malformation. At the time of sclerotherapy, a needle was guided in venous malformation using ultrasound (US) (Figure 2.) The return of blood was noted and an orbital venogram confirmed venous malformation. A total of 2 mL of Bleomycin (15U/mL) was injected. A second procedure was subsequently performed about 4 months later. The clinical examination showed a reduced proptosis. The child tolerated both procedures without complications. DIAGNOSIS Intraconal venous malformation of the right orbit DISCUSSION The differential diagnosis of proptosis is long; However, the conditions present as intraorbital mass in children are focused on vascular, neoplasm and infection malformations. The most common vascular lesions are venous malformations, lymphatic malformation and emangiomas. The initial assessment with MR is preferred; However, the United States helps to distinguish between congenital and neoplasm vascular lesions, and to guide biopsy or sclerotherapy. In addition, the best of the United States shows the internal architecture of the injury and identifies the vascular channels and the compressibility of the injury. This isbecause vascular malformations are usually compressible while neoplasms are not. The most common primary cancer of the head and neck is a rabdomyosarcoma that can imitate a congenital vascular injury. Other neoplasms that can be seen in this anatomical local include neuroblastoma, juvenile fibrosarcoma, granulocytic sarcoma and metastases. These injuries are often associated with bone destruction, and are solid and uncompressed on ultrasound examination. Finally, infections are common in the orbital and periorbital regions but are rarely confused with a vascular injury due to associated clinical characteristics. Venous malformations (VM) are the most common type of congenital vascular malformations and can affect any tissue or organ. Most injuries are isolated and only 1% of cases are multifocal. In a minority of patients, a mutation of the TIE-2 gene has been identified, which connects 1.2% of VMs to genetic causes. 1.2 venous malformations involving the face can stretch with Valsalva's manoeuvre or place the child in a position dependent on the head down and can cause deformity, asymmetry, esoptalmus and dental problems. About 40% of slow flow vascular lesions can be found in the head or neck region, but are also found in the ends (40%) and in the trunk (20%). VMs can cause pain, especially when the local thrombosis occurs within the VM as a precursor to the formation of phlebolites. These local clots rarely cause a distant embossment. When the VMs are superficial they can have a bluish shade.1,3 VMsthe result of a shortage of fluid muscle cells during the development of fetal vein. This causes improper operation, malformed veins that cause venous malformations. Although these injuries may be present at birth or appear later in life, they generally grow with the patient. However, the growth of pain and malformation can occur during active hormonal times as spurned growth, puberty and pregnancy. Orbital VMs can be located in periorbital or orbital regions. A VM in the orbit can be intraconal or extraconal (pre- or postseptal). Easily accessible VMs can be treated surgically if complete resection is possible. If complete resection is not likely, sclerotherapy, if possible, should be considered the treatment of choice alone or as a conjunctive for surgery. Similarly, sclerotherapy can also be used to reduce residual VM after surgery. Ethanol is the most commonly used agent in sclerotherapy due to its high effectiveness, low cost and high healing potential. After injection, ethanol moves water molecules and penetrates the lipid bistrate of cells, which compromises the stable membrane and kills endothelial cells. 3,4 Potential complications with ethanol sclerotherapy include nerve lesions with sensory loss and blindness in the treated eye, cavernous sinus thrombosis, skin necrosis, kidney failure and cardiopulmonary failure. Although it has the highest complication rate, ethanol also has the highest success rate compared to other agents.4 Other common sclerosisinclude sodium tetradeoyl sulphate (STS.) Bleomicin and polydocanol. Bleomycin is playing an increasingly important role in the treatment of VMs. Bleomicin, a chemotherapeutic agent, differs from traditional sclerosis as it has a longer time for action and causes fibrosis. In addition, it is important to know that there is a recommended total dose of 300 mg, since pulmonary fibrosis can occur when this dose is exceeded. Currently, it is not known whether pulmonary fibrosis will occur when Bleomicin is used for sclerotherapy. Considering the pulmonary function tests of the baseline is worth when this drug is used. The key difference between Bleomycin and ethanol is that Bleomycin can be effective when injected inside or around a VM. In addition, Bleomycin injection does not cause significant post injection swelling. This is important when it comes to injuries that can affect airways for example, a palatal VM or a lesion in a limited space, such as orbit. For these reasons Bleomycin was used for the intraconal injury of this child. CONCLUSIONS The location of the orbital VMs presents multiple treatment challenges. Magnetic resonance plays an important role in the initial diagnosis of VMs due to the large field of visual mode and multiple sequences. The improvement of contrast is useful in the separation of components of differential diagnosis, while the United States is useful in determining the internal architecture of the injury and positioning of the needle guide for biopsy or sclerotherapy. Ethanol is an effective sclerosating intreatment of orbital vms. When ethanol is used, the patient is generally admitted for observation due to the risk of swelling that can put the eye at risk from excessive proptosis. in our practice, bleomycin is preferred over ethanol for intraconal vm treatment because it causes minimal postproceural swelling. patients treated with bleomycin are briefly observed then downloaded if the proptosis is stable and does not threaten the health of the orbital content. venous references malformations. recovered from . benoitn la, chan k, steiner f, fitzjohn t and tan st. management of venous orbital and periorbital malformation. 2017. s, yakes w, gupta n, naidu s, chong b. et al. venous malformations: clinical diagnosis and treatment. 2016. mulligan pr, prajapati hj, martin lg and patel th. vascular abnormalities: classification, imaging characteristics and implications for interventional radiological treatment approaches 2014. recovered from back on the war

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