

두개 안면부 해면 정맥 기형의 경화요법 (Sclerotherapy of Craniofacial Cavernous Venous Malformation)

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Background and Objectives : Venous malformations are one of the most common vascular anomalies, and are more frequently found in head and neck. There are various treatment options for them. Intralesional injection of sclerosant is most commonly used, and is the best current treatment modality to manage the venous malformation. We reviewed the cases of venous malformation which had been treated with sclerotherapy at Seoul National University Hospital, and analyzed the treatment results.

Materials and Methods : Twenty cases of venous malformation in head and neck were reviewed retrospectively, which had been managed with sclerotherapy from January 1991 to October 2001. The patients were treated at department of otolaryngology or plastic surgery of Seoul National University Hospital. Emulsion of Ethamolin and Lipiodol was used as sclerosing agent. Some patients received surgical treatment after sclerotherapy.

All of the patients received direct-puncture venography (Digital subtraction angiography) before sclerotherapy. Treatment results were evaluated by using MRI, angiography, or CT. If the reduction of volume of mass was more than 50 percents after sclerotherapy, we regarded it as effective, if less than 50 percents, non-effective. Statistical analysis using SPSS for windows 10.0

Results : Twenty patients, eight males (40%) and twelve females (60%). Ages at the treatment were ranged from six to thirty-eight years (mean age : 20.6 yrs). Ten of them had already received other treatments before the management at SNUH. The most common sites of lesions was cheek (in 12 cases). Swelling or mass was the predominant presenting symptom. Mass sizes (largest diameter) ranging from 2cm to 20cm. Nine cases were managed with both sclerotherapy and excision, and eleven cases only with sclerotherapy. Emulsion of Ethamolin and Lipiodol was used in all cases. Thirteen cases (65%) responded well to sclerotherapy (vol. Reduction >50%). There was no major complication. Tenderness, induration, swelling, and pain were reported as post-sclerotherapy complaints. Mild dyspnea occurred in one case, and the patient was managed at ICU shortly without fatal result.

Conclusion : Sclerotherapy with or without surgical excision was effective treatment modality for venous malformation, with minimal risk of major complication. There was no significant difference of treatment result according to the initial size of the lesions.

KEY WORDS : Venous malformation · Sclerotherapy · Sclerosant · Venography · Complication.