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Tanaffos

Volume 5, Issue 4, 2006, Pages 37-42

Surgical resection: The mainstay of management of type II pulmonary arteriovenous malformations

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Abstract

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Background: Twenty percent of pulmonary arteriovenous malformations (PAVM) are type II PAVMS. This type of PAVM is characterized by less than 5 AVMs in the body and no other vascular anomalies such as AV fistulas or aneurisms. We studied seven cases of type II PAVMS in which surgical resection was the mainstay of treatment. All were free of symptoms and without relapse after the surgery. Materials and Methods: During a 26-year period, 7 subjects proven to have PAVM by imaging studies were entered in this cross-sectional study. Demographic, clinical and imaging findings along with results of catheterization and angiography were collected. All cases were operated on and followed to assess the results of surgery, complications and recurrence. Results: Seven cases were entered in this study (five males and two females). Seventy-one percent of our patients were in the first decade of life. Dyspnea and cough were present in 6(85%) and 5 cases (71%), respectively. Physical exam showed polycythemia in 5 (71%), clubbing in 4(57%) and arterial bruit over the chest in 2(28%) cases. Two paradoxical emboli were seen, (one to the brain and one to the coronary artery). Family history was negative. Chest x-rays revealed large PAVMS in 5 cases (71%). Diagnosis was made by CT-scan, catheterization, angiography, and histopathology. Location of lesions was in the lower lobes in all cases. Surgical approach was lobectomy in 5 cases and segmentectomy in two cases. Operations were without any complication and the patients were symptom-free thereafter. Conclusion: Surgical resection of large PAVMS was completely curative without any early or late complications. © 2006 NRITLD, National Research Institute of Tuberculosis and Lung Disease, Iran.

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Author keywords

Pulmonary arteriovenous fistula; Pulmonary arteriovenous malformation; Pulmonary vascular anomaly; Surgical treatment

Indexed Keywords

EMTREE medical terms: adolescent; adult; arteriovenous malformation; article; brain embolism; catheterization; child; clinical article; clinical feature; clubbing fingers; computed tomographic angiography; computer assisted tomography; coronary artery thrombosis; coughing; demography; dyspnea; female; histopathology; human; lobectomy; lung arteriovenous malformation type II; lung embolism; male; physical examination; polycythemia; postoperative period; thorax radiography

ISSN: 17350344 Source Type: Journal Original language: English

Document Type: Article

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