Case presentation:

pediatric patients

LINC 2016, 27.1.2016, Leipzig, Germany

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disclosures

• Proctoring
  • Covidien/medtronic, W. L. Gore, ab medica, plus medica

• Consulting / lectures
  • Covidien/medtronic, ab medica, St. Jude, Terumo, flowomedical, itm, Siemens, Phillips, Telekom, Boston Scientific, Toshiba
2 weeks boy, 3.1 kg, ascites, elevated liver enzymes, high-output cardiac state, pulmonary hypertension

CONGENITAL PORTOSYSTEMIC SHUNT
Good case: identifiable intrahepatic portal venous system
→ Occlusion may be possible in one step
Stepwise occlusion with retrievable device (here MVP) under continuous measurement of the portal venous pressure
Occlusion of the second shunt.
Start temporary, measure portal venous pressure, release when there is no significant elevation (5 mm Hg)
Complete recovery of our patient

- Is there an identifiable intrahepatic portal venous system?
- Measure portal venous pressure during stepwise occlusion
- Stepwise approach may be necessary.
3 month boy, 4 kg, dystrophic, anaemic, ascites, abdominal / scrotal congestion, rectal bleeding, high-output cardiac state

CONGENTIAL ARTERIOPORTAL FISTULA
Image courtesy to Inst. Radiol. Diagnost, Uniklinikum Dresden, Germany
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1. fistula point: 5 mm Micro Vascular Plug
2. fistula point: 5 mm Micro Vascular Plug
Fistula system is more complex than suspected
→ search for primary fistula network
Coiling of primary fistula network
Interventional treatment of congenital APF

- Identify fistula point(s)
- Different devices
- Occlude close to the fistula
- Do not occlude aneurysm (connection to portal vein)
Cardiac recompensation
Orthogonal flow in portal vein
Decongestion of scrotum
Thank you for your attention
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