Technique Of Ultrasound-navigated Intralesional Nd:YAG Laser Coagulation Of Congenital Vascular Disorders

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Citation

Abstract
The treatment of voluminous hemangiomas or vascular malformations, particularly of the infiltrative type, is difficult and requires a combination of methods such as surgical excision, embolisation, laser therapy, sclerotherapy and magnesium spiking (1,2,3,4). Ultrasound- navigated intralesional Nd: YAG (Neodymium:Yttrium-Aluminium-Garnet)-Laser coagulation has been proven valuable, particularly in treating venous malformations of the infiltrating type.

INTRODUCTION
The treatment of voluminous hemangiomas or vascular malformations, particularly of the infiltrative type, is difficult and requires a combination of methods such as surgical excision, embolisation, laser therapy, sclerotherapy and magnesium spiking (1,2,3,4). Ultrasound- navigated intralesional Nd: YAG (Neodymium:Yttrium-Aluminium-Garnet)-Laser coagulation has been proven valuable, particularly in treating venous malformations of the infiltrating type.

MATERIAL AND METHODS
Ultrasound-navigated intralesional Nd: YAG laser coagulation was performed on 21 patients aged from 3 months to 28 years (mean age: 17,8 years) with cavernous hemangiomas or vascular malformations (Table). 12 patients had vascular malformations primarily of the venous kind, whereas arteriovenous components were predominant in 5 patients. In 4 children, an extensive hemangioma was the indication for intralesional laser therapy. All patients with hemangiomas underwent ultrasound (color-coded duplexsonography), patients with vascular malformations underwent additional MR- and MR-angiography. Laser coagulation is performed under general anesthesia.
Table 1. Total energy applied after intralesional laser treatment

<table>
<thead>
<tr>
<th>Patient angeborene</th>
<th>Gesamtenergie</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gefäßfehlbildung*</td>
<td>(Joule)</td>
</tr>
<tr>
<td>1 H (Kind)</td>
<td>4230</td>
</tr>
<tr>
<td>2 AVM</td>
<td>5320</td>
</tr>
<tr>
<td>3 AVM</td>
<td>1450</td>
</tr>
<tr>
<td>4 VM</td>
<td>1110</td>
</tr>
<tr>
<td>5 VM (Kind)</td>
<td>6320</td>
</tr>
<tr>
<td>6 VM</td>
<td>4530</td>
</tr>
<tr>
<td>7 H (Kind)</td>
<td>780</td>
</tr>
<tr>
<td>8 VM</td>
<td>450</td>
</tr>
<tr>
<td>9 H (Kind)</td>
<td>1790</td>
</tr>
<tr>
<td>10 VM</td>
<td>1430</td>
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<td>3420</td>
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<tr>
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</tr>
<tr>
<td>20 VM</td>
<td>1970</td>
</tr>
<tr>
<td>21 VM</td>
<td>1050</td>
</tr>
</tbody>
</table>

* H = Hemangioma, VM = Venous Malformation
AVM = Arteriovenous Malformation

Requirements and Technique of the Ultrasound-Navigated Intralional Nd:YAG Laser Coagulation

Requirements:

- Neodym-YAG-Laser (1064nm), Medilas, by. Dornier
- Bare fiber: 600 µm
- Ultrasound: ultrasound and color-coded duplexsonography (using a high resolution ultrasound system, 5 - 13 MHz; Duplex, Harmonic Imaging , Fa. Siemens)
- Steristrip to mark bare fiber after introducing the cannula
- Puncture cannula: 18G, 70mm, pvb – a SIMS trademark

Laserparameter:

- Laser power: 7 – 10 Watt
- Modus: continuous wave (cw)
- Duration of laser application: up to a maximum of 170 seconds per region

Technique

1. Sonographic evaluation and documentation of vascular
malformation immediately before laser treatment.

Figure 3

2. Puncture of skin and subcutis approx. 2 – 3 cm from the lesion.

Figure 4

3. Placement of the cannula with the bare fiber into the lesion (not intraluminal!) under sonographic control (the bare fiber should not surpass the tip of the cannula during introduction of the cannula)

Figure 6

4. Placement of the bare fiber to the area marked by the steristrip which was applied before laser treatment, in order to define how far the bare fiber surpasses the tip of the cannula

5. In case of subcutaneous location of the lesion, digital control of the position of the bare fiber from the outside so that the fiber tip is located at least 5 mm from the skin. In addition, the red helium-neon pilot beam can be helpful in checking the position of the bare fiber.
6. Sonographic control of the bare fibers position which should be located on the vessel wall of the vascular malformation.

Figure 8

7. Laser treatment under digital control – when crepitation as a sign of vaporisation of the laser fiber occurs, new ultrasound control of the bare fiber position is to be performed. Do not remove the bare fiber completely, the cannula should remain approx. 1 cm in situ.
8. Renewed placement of the cannula (see number 3), to allow further laser treatment of other areas of the lesion.


10. Pressure bandage

RESULTS

Three months after lasering, a volume reduction between 60% and 80% in hemangiomas (n=4), between 20% and 70% in venous malformations (n=12) and 0% to 70% in arteriovenous malformations (n=5) was achieved. With exception of necrosis in one patient which healed spontaneously, no further complications occurred.

DISCUSSION

Hemangiomas and vascular malformations differ in regard to form, size and clinical course and therefore require individual treatment schedules (1,2,5). Hemangiomas having a depth diameter greater than 2-3 cm, cannot be successfully treated with a Nd:YAG laser (direct transcutaneous or transcutaneous laser treatment with surface cooling) due to the limited penetration depth of the laser beam. Intralesional or intravascular Nd:YAG laser therapy is more effective on voluminous hemangiomas (5,14). Already in 1982 Waldschmidt et al. (2) punctured hemangiomas and applied laser energy directly at the endothelium.

Vascular malformations, in particular those which infiltrate tissue (muscle or subcutis) are difficult to treat surgically since the resection of healthy tissue cannot be avoided due to missing boundaries (4). Especially when the vascular malformation is located deep in the subcutis or muscle, or at immediately adjoining nerves and functionally important tissues, ultrasound allows exact placement of the laser fiber to the vessel wall and continuous control of the fibers.
Comprehensive review of intralesional Nd:YAG laser coagulation for congenital vascular disorders, highlighting the importance of color-coded duplex sonography for real-time monitoring and the necessity of immediate post-laser ultrasound assessment to prevent ischemia. The success of treatment is highly dependent on accurate navigation of the laser fiber.

CONCLUSION

Intralesional Nd:YAG laser coagulation is an effective and minimally invasive method for the treatment of voluminous hemangiomas, particularly infiltrating types. The method is meaningful in combination with embolisation for treating arteriovenous malformations with large shunts. Ultrasound navigation of the laser fiber ensures precise placement and protection of surrounding tissue.

References

12. Werner, J.A., B.M. Lippert, S. Gottschlich, B.J. Fleiner,


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