



# 7<sup>th</sup> ANNUAL Venous Symposium New York

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## Clinical Case Right Foot Mass

THE MOST INTERACTIVE VENOUS MEETING IN THE WORLD

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A 33 year old female with long-standing history of a large mass on the right lateral foot presented with increased swelling and pain to palpation.

## Symptoms

Pain with palpation, ambulation and prolonged standing

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## History

### Medical history:

Right foot mass treated with sclerotherapy in 2000

No history of venous thrombosis or trauma

**Social history:** non-smoker

**Family history:** none

**Allergies:** none

**Current medications:** none



## Physical exam

- Both lower limbs were warm and well perfused
- Distal palpable pulses
- No prominent varicosities, skin changes or ulcers
- Motor and sensory were intact
- Lateral right foot mass measuring 15x6cm
- Some areas were firm and tender and others were soft and compressible
- The edema was localized around the mass



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**What imaging studies should be obtained?**

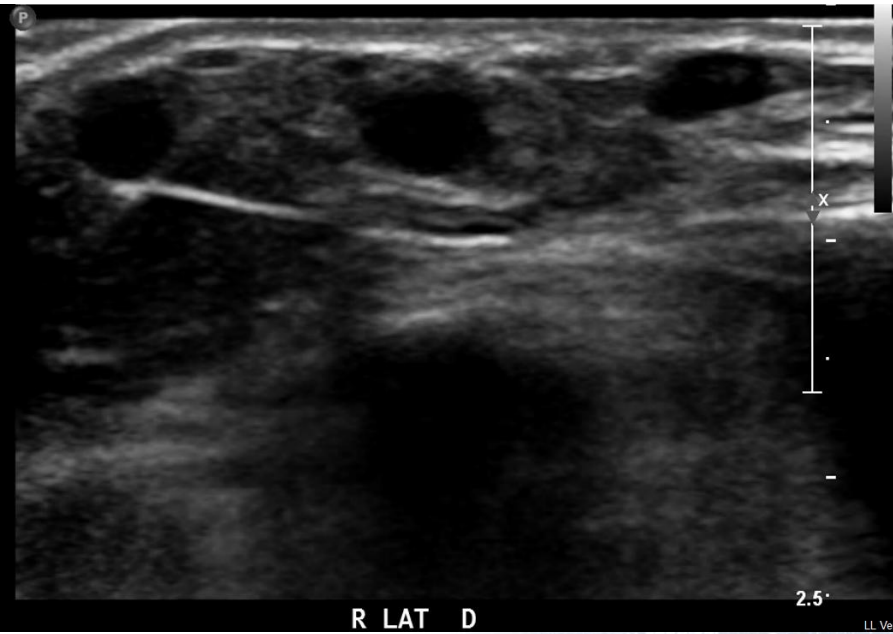
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# B-mode imaging of the foot mass



Multiple dilated veins were found in the lateral aspect of the foot.

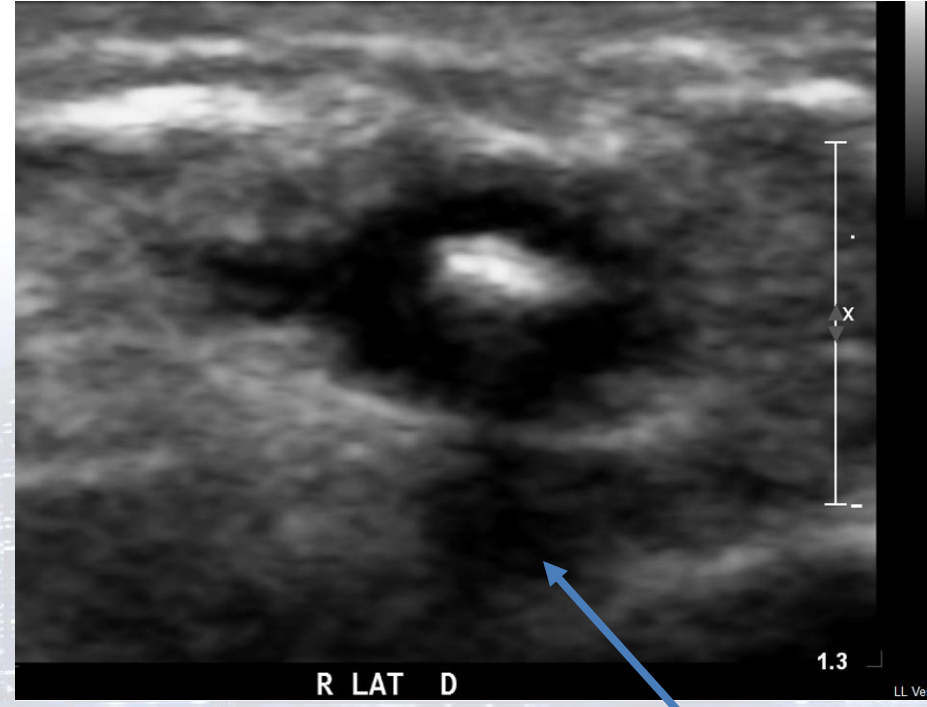
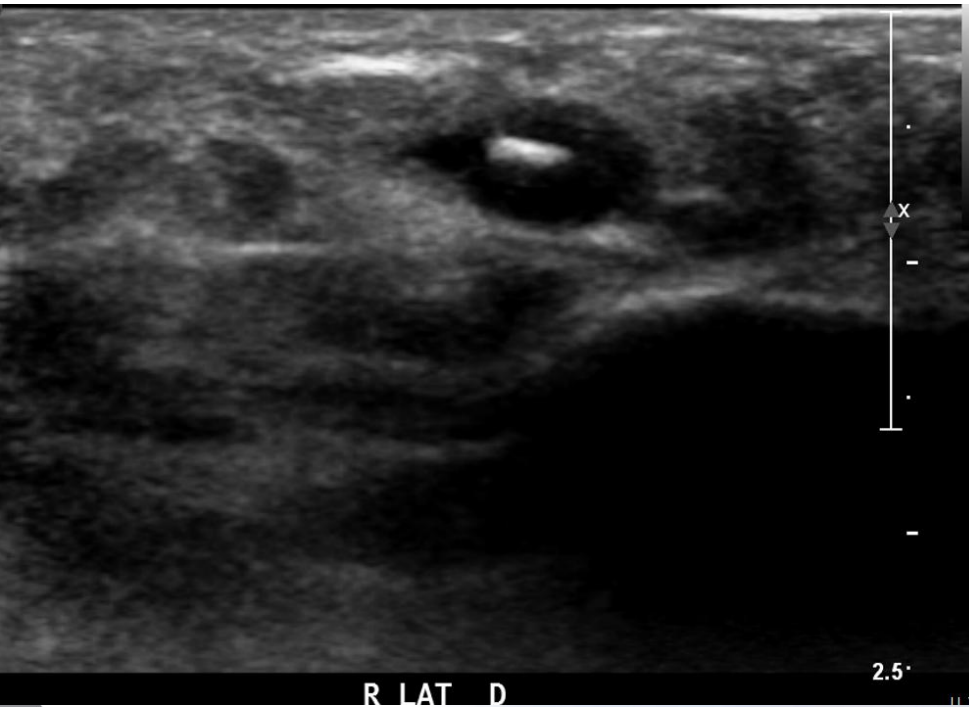
The diameter of the veins varied from **1 to 6mm** and extended from behind the lateral malleolus to the base of the toes.

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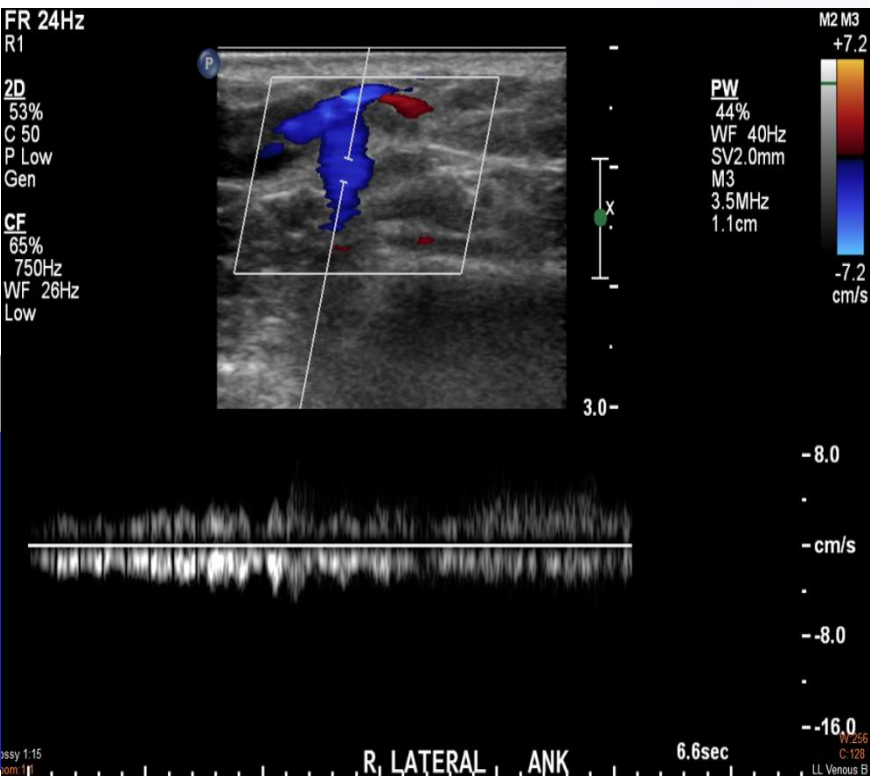
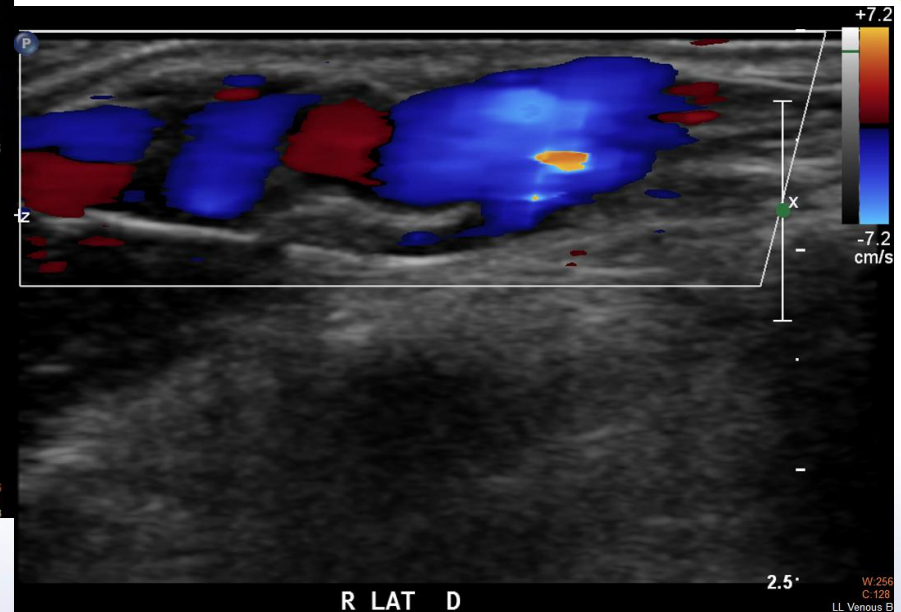
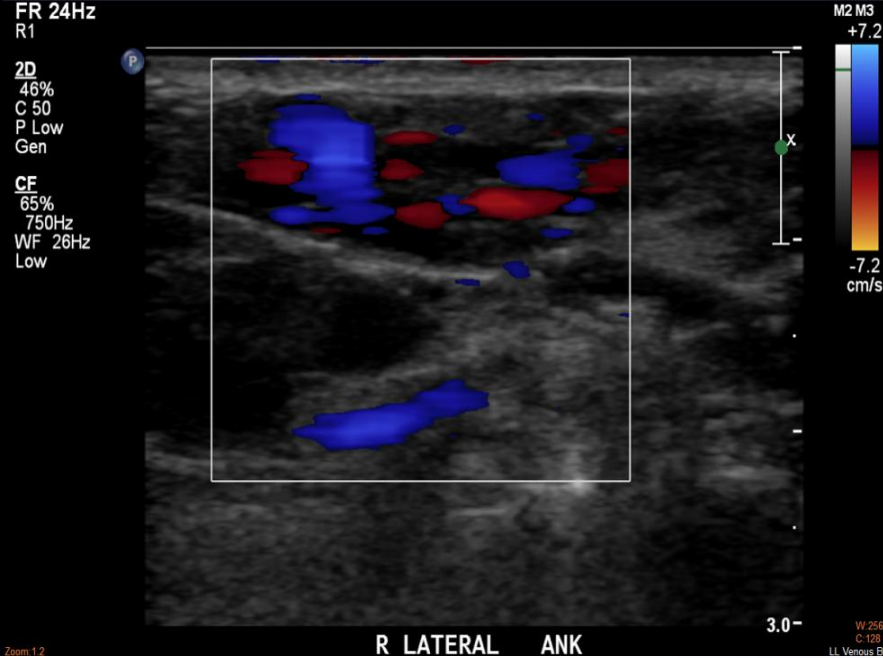
## Partial luminal fibrosis from previous sclerotherapy



**Acoustic shadow**

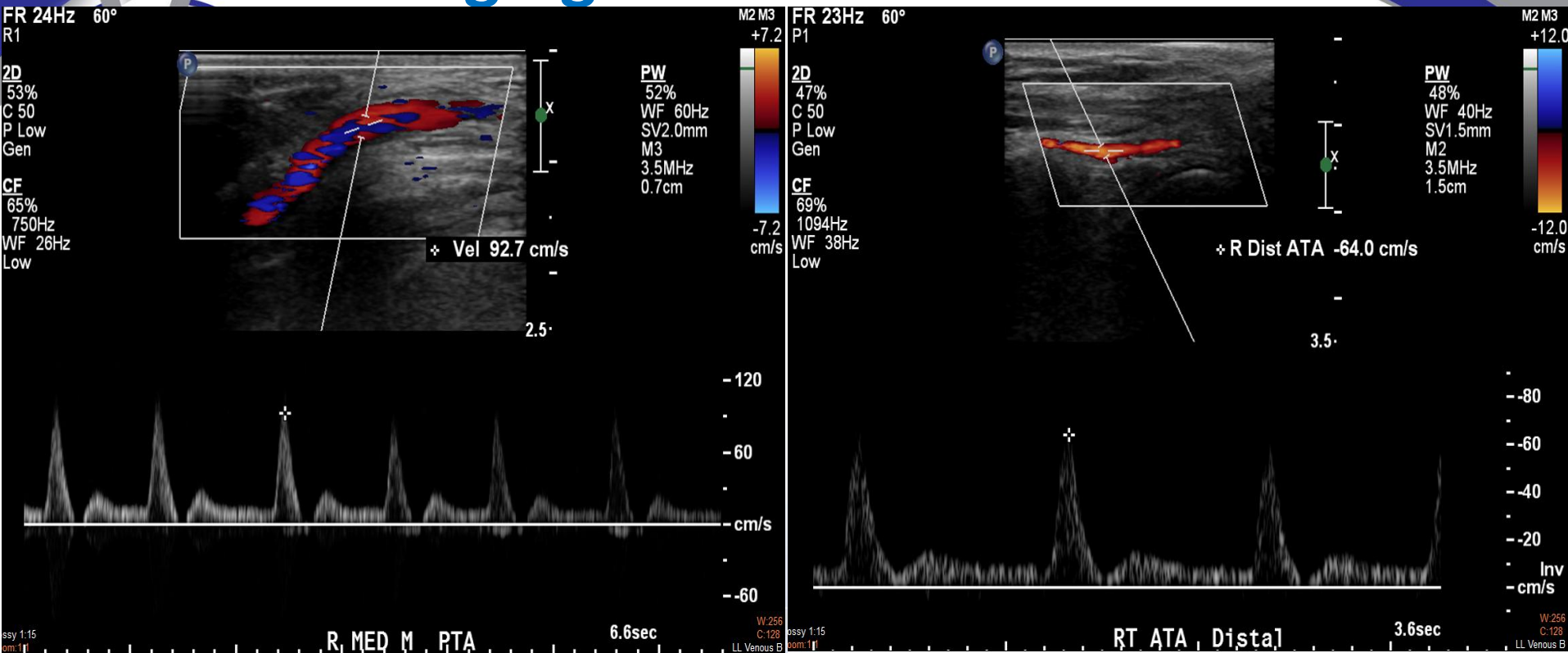
Echogenic luminal material demonstrating fibrosis in the left panel and more intense fibrosis with some calcification on the right.

# Color Flow Imaging



Slow flow is seen in multiple veins. Flow was augmented by distal compression on the right panel. PRF was set at 750Hz in order to demonstrate the slow flow. In some cases flow can only be detected by augmentation maneuvers.

# Imaging of the local arteries

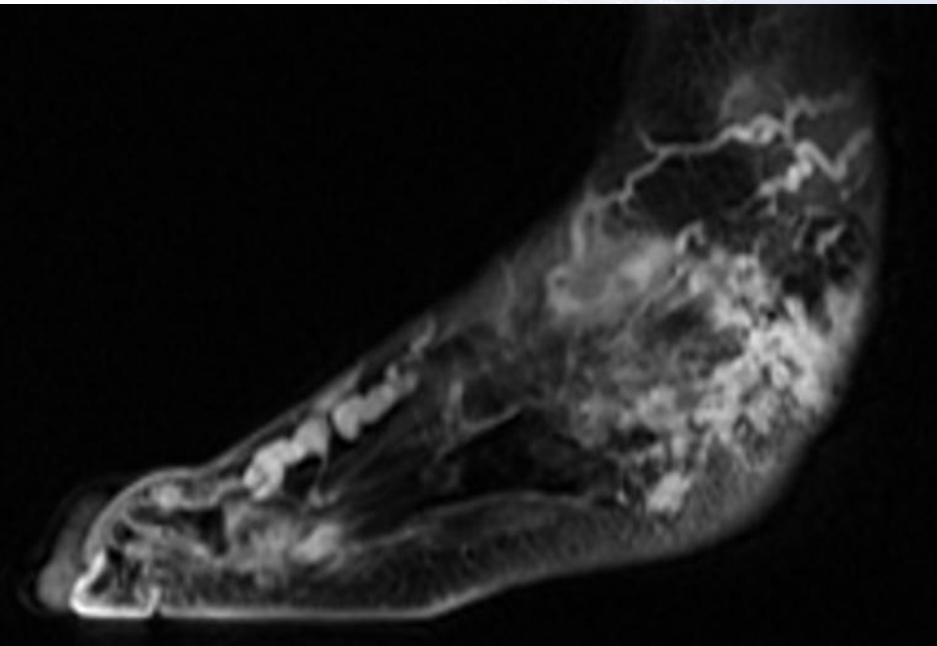
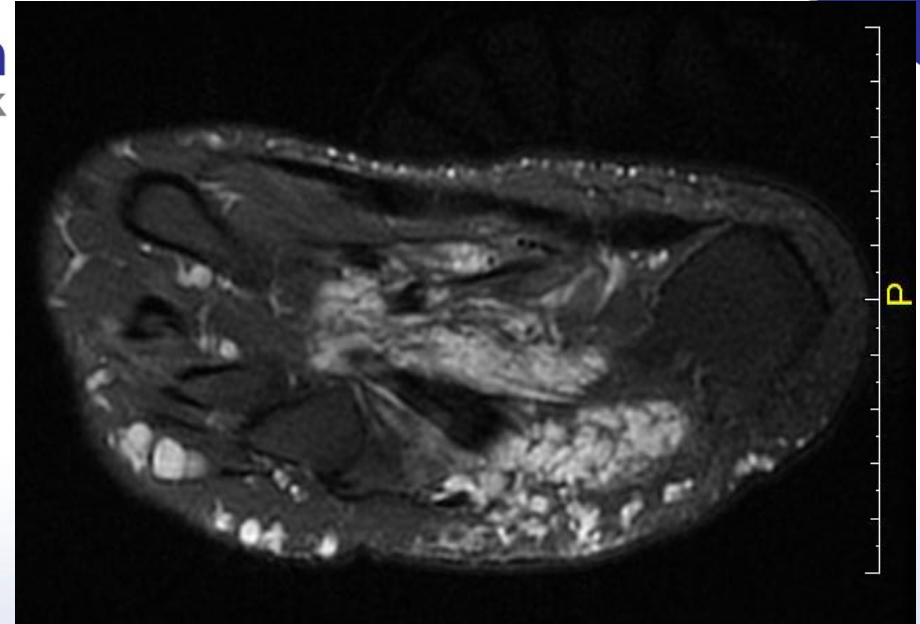
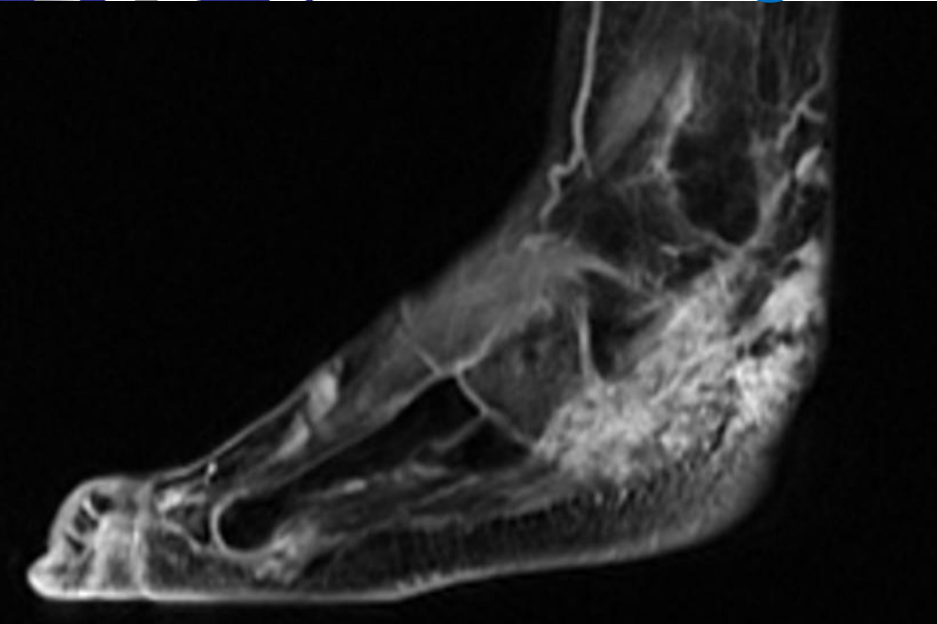


**Normal triphasic flow** was found in the plantar and distal anterior tibial arteries indicating absence of arterial involvement. In arteriovenous malformations the arterial flow is increased. The reverse flow component disappears and the end diastolic velocity is elevated.

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# Right foot MRI



Large complex low flow **venous malformation** along the lateral aspect of the ankle and foot insinuating within the intermuscular fat of the flexor compartment.



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Evaluation of vascular malformations can be performed initially with **duplex ultrasound**.

**MRI/MRV** is used when:

- There is lack of ultrasound experience
- Ultrasound imaging is suboptimal
- Complex, extensive malformations

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Image guided endovenous occlusion is commonly performed for treatment of venous malformations. A number of sclerosing agents are available:

- Ethanol
- Ethibloc
- Sodium tetradecyl sulfate
- Polidocanol
- Ethanolamine oleate

Clinical success ranges from 60% to >90%, with improvement in symptoms and reduction in size. The results vary with lesion morphology and method of treatment. Multiple sessions are often required.

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Rosenblatt M. Endovascular management of venous malformations. Phlebology 2007;22:264-275

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