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Clinical Image

Multiple Pulmonary and Hepatic Arteriovenous Malformations in a Patient With Rendu-Osler-Weber Disease

Malformaciones arteriovenosas pulmonares y hepáticas múltiples en un paciente con enfermedad de Rendu-Osler-Weber

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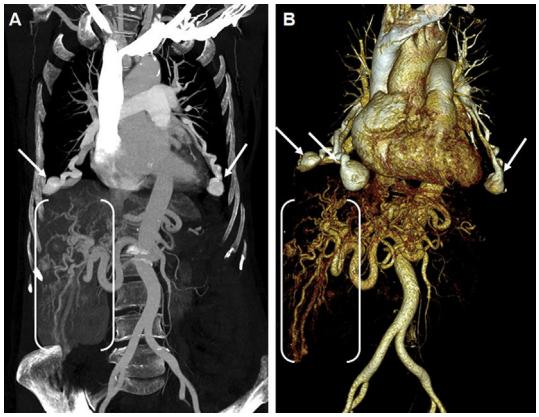

Fig. 1. Coronal MIP image (A) and anterior view volume rendering 3D (B) thoracoabdominal CT angiographies showing multiple pulmonary (arrows) and hepatic arteriovenous malformations (between brackets).

A 63-year-old female presented with shortness of breath. Thoracoabdominal computed tomography (CT) angiography demonstrated multiple pulmonary and hepatic arteriovenous malformations (Fig. 1 Rendu-Osler-Weber disease is characterized by multiple mucocutaneous telangiectasias and visceral arteriovenous malformations.

Osler-Weber-Rendu is an autosomal dominant disease. It is characterized by multiple mucocutaneous telangiectasias, recurrent epistaxis, and visceral arteriovenous malformations. Vascular structures of the lung and gastrointestinal tract frequently involve.[1] With the advent of multidetector CT, hepatic and pulmonary involvement with Rendu-Osler-Weber is commonly recognized.[1]

In liver involvement of Rendu-Osler-Weber disease, there is shunting from the hepatic artery to the portal or hepatic veins.[2] These vascular anastomoses can diagnosed by CT or catheter angiography. Transcatheter embolization of hepatic or pulmonary arteries can perform in lung or liver involvement of patients with Rendu-Osler-Weber disease. Transplantation can perform in patients with liver or pulmonary insufficiency.[3]

References

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