Vascular Surgery 2019: An Easy Algorithm to Approach and Treat Vascular Anomalies - Alejandro Celis - National Western Medical Center Pediatrics Hospital, Mexico

Alejandro Celis,

National Western Medical Center Pediatrics Hospital, Mexico

Abstract:

Statement of the Problem: Vascular anomalies is a group of diseases that has been avoided by most of physicians of any specialty. They have been considered for many years as untreatable, and there are very few specialized centers in the world that take care of this patients. As a vascular surgeon we have been taught that these diseases are untreatable or that they can be your worst nightmare. The ISSVA has been the leading association classifying these diseases and having a biannual meeting to discuss and show advances in the field. Though, there are few members around the world, and data has not been rightly spread through involved physicians.

Methodology & Theoretical Orientation: More than 100 patients have been treated in our Center by the Vascular Surgery Department with different vascular anomalies. Reviewing the results of the treated patients an algorithm has been developed to have an easy approach and treatment decision for most cases.

Findings: An easy algorithm simplifies the way first contact doctors should approach a vascular anomaly. Most important concerns are to try to classify the anomaly according to ISSVA and detecting potentially complications on time. A good physical examination, basic laboratory tests, and Doppler Duplex Ultrasound are the basis to try to approach any vascular anomaly. Most complex cases will need a referral to specialist, and this specialist can use this algorithm to simplify the treatment decision. Conclusion & Significance: With the spread of an easy algorithm to approach and treat vascular anomalies, patients will benefit with a prompt diagnosis and start of treatment, which will decrease the risk of complications. This simple algorithm can be used by any physician or medical center and will also have a great cost/benefit in institutions, or private practice