

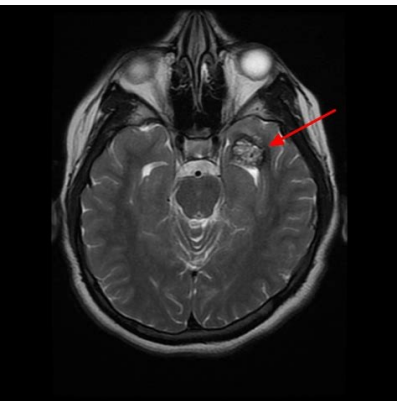
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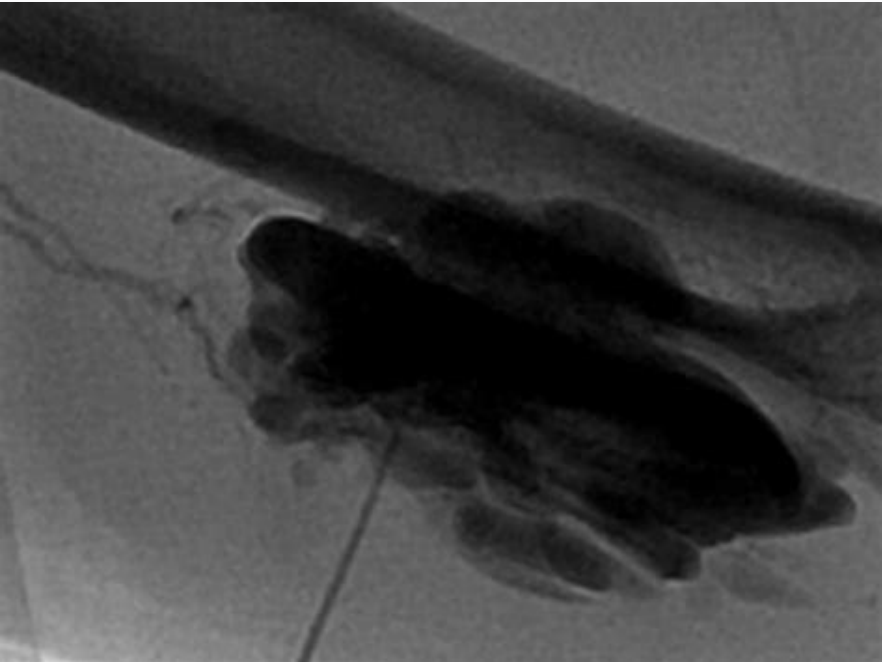
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Causes of Upper GI Bleeding

- Common
- Nasopharyngeal bleeding
- Erosive Esophagitis
- Peptic ulcer
- Gastritis (H. pylori)
- Mallory-Weiss tear
- Prolapse gastropathy

- Less Common
- Bleeding disorders
- Duplication cyst
- Foreign body
- Tube trauma
- Vascular malformation
- Esophageal varices



Vascular Malformations

Vascular malformations can be divided into two groups depending on blood flow. Slow-flow lesions include capillary malformations and venous malformations, whereas arterial and arteriovenous malformations are typically fast-flow lesions. Vascular malformations represent congenital structural anomalies, grow at the same rate as the child, and do not involute.

Venous anomalies of the external jugular vein may occasionally present as a neck mass.²¹ Typically, the external jugular vein empties into the subclavian vein, but it may empty into the internal jugular vein outside the carotid sheath, forming a venous plexus. Jugular malformations present as soft, compressible masses along the anterior border of the sternocleidomastoid muscle. Management is by ligation or excision of the anomaly.

it is recommended only for macrocysta lesions. ¹⁰² Bleomycin is an anti -cytotic antitumoral with a double effect: by one hand induces DNA15 degradation and, on the other, it shows a sclerosing effect on the vascular endothelium. To be able to answer these questions properly, it is necessary to have the knowledge of the different CVM and vascular tumors so that through closing history and the physical examination can have a diagnostic orientation and, subsequently, choose between the different complementary tests for Confirm suspicions. Frequently, the walls of the cysts show a certain degree of improvement after the administration of an intravenous contrast.⁷⁵ Cat exploration is also capable of showing anomalies in the bones related to arteriovenous malformations, although it does not give us information SPECIFIC ON VASCULAR STRUCTURES IN RELATIONSHIP WITH THE adjacent tissues. 2003; 39: 201-07.ZHOU LF, MAO Y, Chen L. 2005; 115: 22-30.GUPTA AK, VARMA DR. C: VM depressible, bluish, in the form of grape clusters that empty when lifting their hand and encumbroma in the phalanges. Johns Hopkins University. Diagnostic tests can be divided into: a) Functional, ostile tests to evaluate the physiology and hemodynamics of lesions, doppler ultrasound and plethismographic are among these studies; b) Anatomic-functional tests represented by the eco-duplex, which is the first option for an evaluation of CVM, and can provide information on the characteristics of the lesion and its hemodynamic behavior, and c) Images studies, which, which, which, which They include simple X-rays, MRI, Cat scanning, angiografia, phlebografia, lymphangiograph and nuclear medicine studies such as lymphangio-escintigraphy and full-body gammagraphy, among others. This test allows immediate differentiation between low flow lesions (VM or LM) or high flow (AVM). Hemodynamic information provided by CAT scans is very limited, today in the use of the use of the Multice equipment, which allows an acquisition of very rosemage images, it is possible to perform multiple quality reconstructions of great quality, as well as the studies of Catal angio. The venous component is first because an alteration in the functioning of the lymphostic system can occur due to the interrelation of both systems; In other words, to treat the venous component of mixed malformations such as Klippel-Tranauna and a rgically, the patient, which depends on their lymphostic component, can worse significantly. The embolization is defined as the occlusion of a blood vessel through the introduction of a strange body; This technique is not the most recommended for virtual world, since they are formed by very dilated vessels, which generally cannot be 100% obstructed This day we do not know of a study that demonstrates the existence of a rich angiostical profile in an adult patient with vascular malformations, it can be inferred, at least in theory. Galen malformations vein: revision. The sclerosing agents can be administered using an injection or with the placement of a cattle, guided with the help of an ultrasound, magical resonance or an exploration cat.^{99,100} the ã ã ã ig xito 60 to 90%.101-103 Many VMS located in the Pelvis or the lower limbs cause venous reflux to the superficial venous system, causing complications due to venous hypertensive. Whitehouse NJ: Merck Research Laboratories; 1999: 244-45; 1427; 1482. Smith WS, Johnston SC, Easton Jd. Ahead, if there is reported cases Sildenafil (orally) with good results. In addition to its diagnostic value, an arteriography is the way to perform a therapeutic embolization in an avm. Within conservative management, a measure of great importance is the use of gradual compression media (it helps to delay the progress of virtual or LMS misma, controls the pain and decreases the incidence of complications) .86 due to the thrombophalic risk that Patients with a large VM volume present, the use of a low molecular weight heparin prophylaxis is recommended during high -risk episodes such as surgery, pregnancy or long bed rest periodes. Molecular pathoge of vascular anomalies: Classification in three categories based on clinical and biochemical characteristics. Extra trunk CVMs are the most difficult to treat, with more recurrences and a more poor pronostic. The use of preoperative magical resonance and digital angiography, especially dynamically evaluated, are particularly ostile to establish these minors. Arteriovenous malformations of the brain. In addition to being low flow, they may appear as macrocyst or microcystical lesions, which appear as hypochic or anechoics, and multiloculated with septa of variable thickness. Venous malformations as mentioned above, virtual masks are subdivided into two types: extra trunk, which are infiltrative, with a little or a large superficial component, generally cause a lot of pain and have a complex treatment; and the trunk type, which manifests as superficial lesions that could be confused with the symptoms of venous hypertension secondary to reflux, presents discomfort, as a sensation of heaviness in the legs, cramps and slight to moderate pain. A: Venous malformation (VM) on the side side of the neck. This type of lesion characteristic The treatment of choice for AVM today is the surgery. However, surgical therapy only works in an incomplete treatment linked to high morbidity. We conclude that the mixed vascular malformations of the brain are rare entities with different clinical, radiological and pathological profiles. Surgical management of the pedigral stroke. Venografias In a venographe it is ã EtI to know the anatomy of the superficial and deep veins, the state of the vines, the presence of embryonic veins, the connections between the deep and superficial systems and the degree of venous incompetence. D: Vm on the outer side of the left tal. Figure 3 Primary early starting lymphedema of the lower right limb in a 10 -year patient. Another trial shows an increase in the syllastic levels of BFGF in a patient with glomangiomas.³⁵ In addition, some closing observations and molecular studies demonstrated that brain arteriovenous malformations have angiogã © nesis and vascular remodeling. and maintenance of vascular malformations, perhaps not so abrupt and limited in time as it happens with the phase of proliferation of hemangiomas. 37,38 but not insignificant at all when it comes to explaining the pathophysiology of these lesions. The clinical presentation depends on the type of affected vessel, the location of anatocal malformation; and if it is located or diffuse. Microcystic lesions with or without flow can be confused with VMS.⁶⁴ AVMS appear as lesions with high systemic flow and are hyperdense due to the hypertrophy of the affected vessels. Neuroimaging Clin N Am. 2005; 15: 107-20. Chiller Kg, Frieden IJ, Arbiser JL. Other mixed vascular malformations were indistinguishable in diagnostic studies of pure cavernous malformations. Lymphat res biol. Contributes information about lymphostic drainage, the of the vessels, alternative roads and morphological alterations. Philadelphia, Pa; 2005: 2036-37. SOLOMON RA, PILMAN JP JP. In the distribution by Gasro, the male-woman relationship for VM is 1: 1.2, vam is 1: 4 and lm is 1: 1. B: scoliosis and capillary malformation in the back of the chest and the abdomen. The lesions that include a venous malformation were preoperatively recognizable due to the characteristics of characteristic images of venous malformation. Cerebrovascular malformations. For example, arteriovenous malformations often grow by hyperplasia and can behave as automal tumors. In case OK-432 be ineffective, ethanol will be used. These radiographic procedures are rarely necessary before the 2-3 years of age, nor after the ekel of the epiphisial cartoon.⁷⁷ Because of this, we recommend performing a classroom and radiological medicine from the 2 years of age and is repeated annually. Both have their advantages and disadvantages. At first, capillary malformations were not included in this classification because it was believed that they had no closing importance and were equivalent to other CVM, but in the 1992 HC review in Denver¹¹ they were included and then confirmed in 2002 in seã9L1.2 each CVM is divided into two types, according to the embryonic stage in which it was developed (its clinical presentation, natural evolution and the results of the treatment depend on this): trunk and extra trunk (Table 2b). PLAST Reconstr Surg. The scholargic treatment of LM is limited to cases in which sclerotherapy did not have ã ã ã xito, or in the case of microcystic

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