

Possible pulmonary embolism after embolisation of a haemangioma with fibrin glue. [German]

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Abstract:

More than 50% of all congenital haemangiomas are located on the head and neck. Because most orofacial haemangiomas exhibit the tendency to grow rapidly, they are often treated by embolisation and excision. Case report. The case of a 5-year-old patient is presented, who was admitted to the hospital for embolisation and immediate surgery of a haemangioma of the right side of the face and upper lip. After the injection of 2 ml fibrin glue she suddenly developed hypotension, tachycardia, a low oxygen saturation, and a low end-tidal carbon dioxide partial pressure. There was no failure of the breathing circuit and no airway obstruction could be found. Most likely these symptoms were due to transport of the fibrin glue from the haemangioma into pulmonary vessels. The therapy included the administration of heparin and antihypotensive drugs. After stabilisation, the patient was transferred to the intensive care unit for 1 day without further complications. Conclusion. Pulmonary embolism after injection of fibrin glue into an orofacial haemangioma has not previously been reported, but it should be considered that systemic complications can occur after injecting substances for embolisation into vessel-rich tissues.