LONG-TERM OUTCOMES OF INTRALESIONAL BLEOMYCIN THERAPY FOR PEDIATRIC CYSTIC LYMPHANGIOMAS

Maharram Guliyev , Ali Ekber Hakalmaz, Ayşe Kalyoncu Uçar*, Ahmet Baş*, Süheyla Ocak, Rahşan Özcan, Gonca Topuzlu Tekant**

*Department of Pediatric Surgery, *Department of Radiology, **Department of Pediatric Haemotology and Oncology, Cerrahpaşa Faculty of Medicine, İstanbul University-Cerrahpaşa, Istanbul, Turkey*

Patients and Methodology

- Retrospective study / 2012-2024
- Lymphatic or Veno-lymphatic malformation
- Sclerotherapy with bleomycin

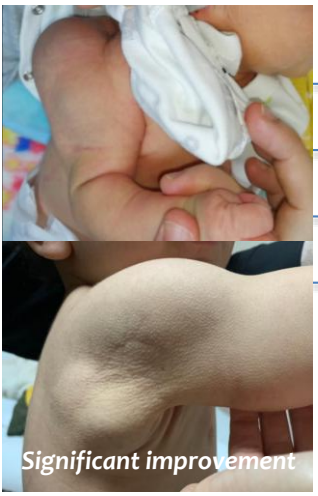
Pharmacological treatment
Different sclerosing agent
Follow-up period < 1 year

N:96

ISSVA Cyst Type
- Lymphatic (n:82)
- Veno-lymphatic (n:14)

Cyst Morphology
- Microcyst (n:29)
- Macrocyst (n:31)
- Mixed (n:36)

Anatomical localization
- Head-Neck (n:62)
- Thorax (n:20)
- Abdomen-Pelvis (n:11)
- Extremity (n:18)

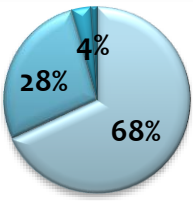


Good response n:62 (68%)

Significant improvement n:25 (28%)

Minimal response n:3 (3%)

No response n:1 (1%)



- No difference in treatment response according to cyst type, anatomical location, or morphology.
- Head, lingual-sublingual, submandibular lesions require more sessions.
- Reccurences have good response to re-sclerotherapy (n:12)

COMPLICATIONS

Redness and swelling (n:7)
Fever (n:5)
Brown discoloration (n:3)
Hair loss (n:1)
Abdominal pain and distension (n:2)
Pruritus (n:1)
Hemorrhage into the cyst (n:1)
Breathing difficulty (n:3)

Conclusion

Sclerotherapy with bleomycin demonstrates a high success rate and a low incidence of complications. It is also effective in treating microcystic as well as lingual–sublingual lesions.