



Wall shear stress in the afferent arteries of a superficial arteriovenous malformation is an early and reliable marker of progression.

Imane El Sanharawi, ^{1,2,3 *}
Stéphanie Lenck, ^{1,4}
Didier Salvan, ^{1,5}
Olivier Bailliar, ^{1,3}
Nathalie Kubis, ^{1,2,3}
Annouk Bisdorff-Bresson, ^{1,4}
Philippe Bonnin ^{1,2,3}

CACVS Paris
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No disclosure

¹ Université de Paris, Paris France, F-75010, Paris, France ;

² CART, INSERM UMR965, Hôpital Lariboisière, ;

³ AP-HP, Hôpital Lariboisière, Physiologie Clinique ;

⁴ AP-HP, Hôpital Lariboisière, Neuroradiologie, Centre constitutif des malformations artério veineuses superficielles de l'enfant et de l'adulte.

⁵ AP-HP, Hôpital Lariboisière, chirurgie ORL et maxillo-faciale ;



CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE

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Hypothesis:

Evaluation of progression of an AVM is based on the modifications of
Blood Flow Volumes (US Imaging) CTscan, MRI, Arteriographies, on successive examinations





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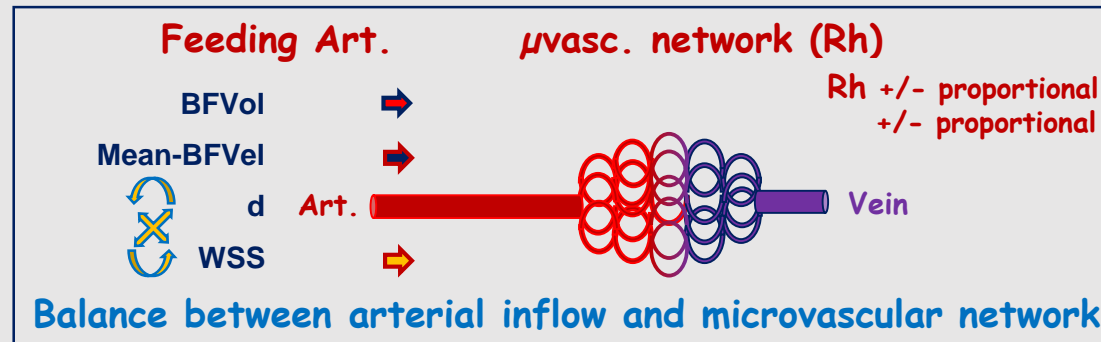
Could Shear Stress measurement in the afferent artery be more efficient ?
... with only one US examination?





Hypothesis:

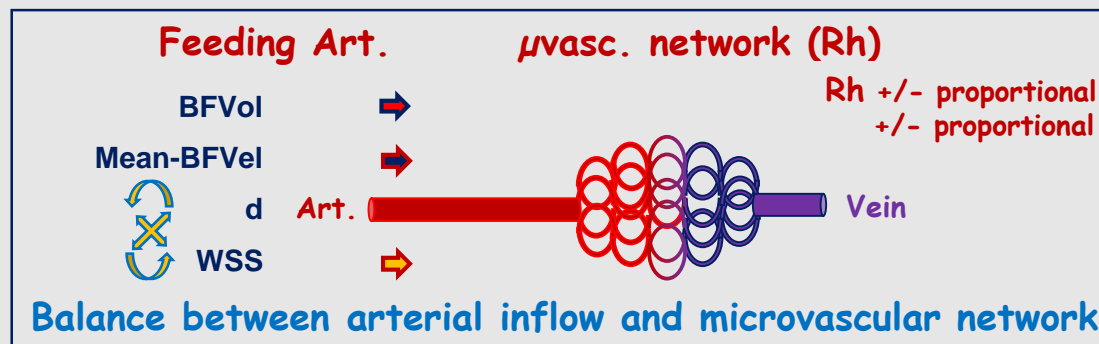
Normal vascular network





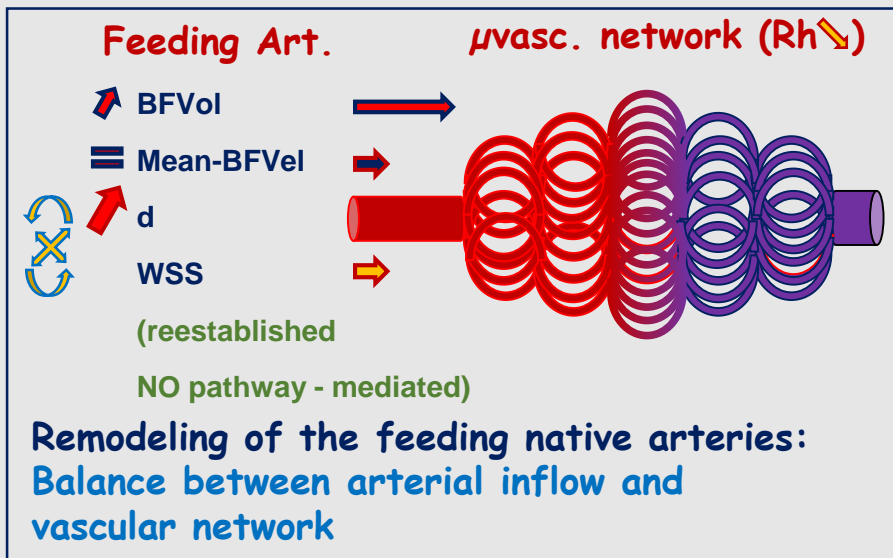
Hypothesis:

Normal vascular network



Presence of a sAVM

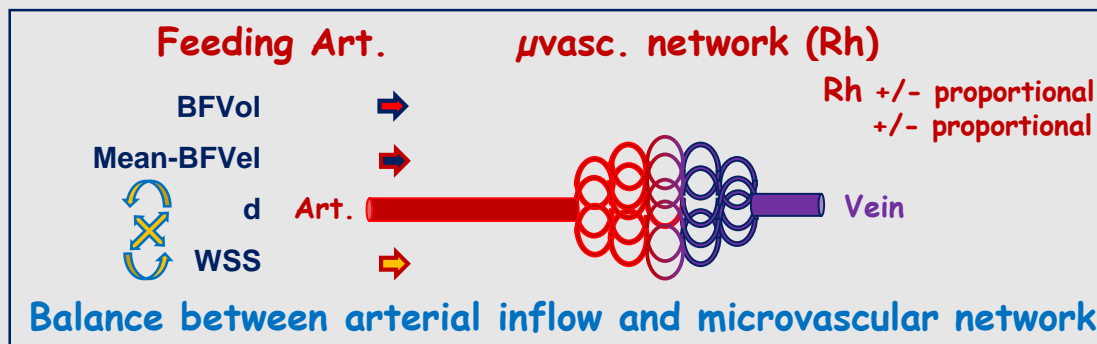
Stable diseased vascular lesion





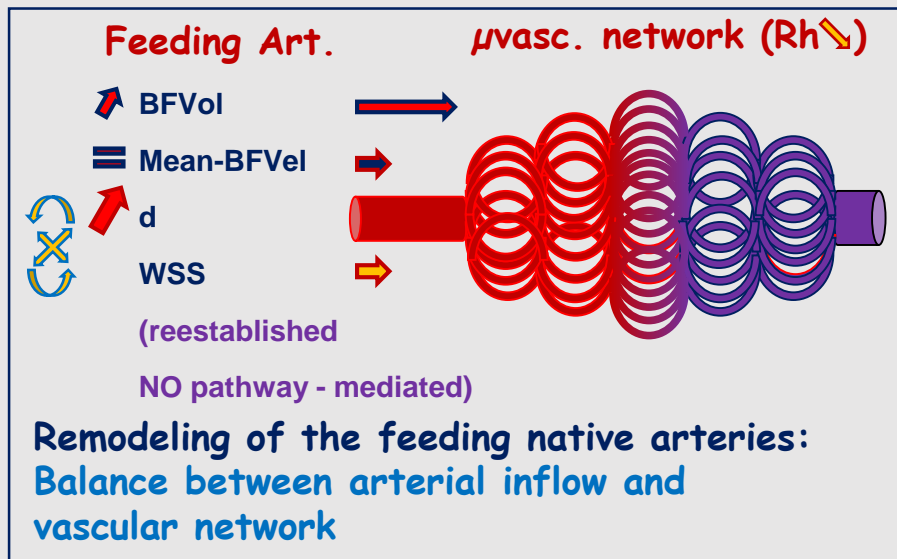
Hypothesis:

Normal vascular network



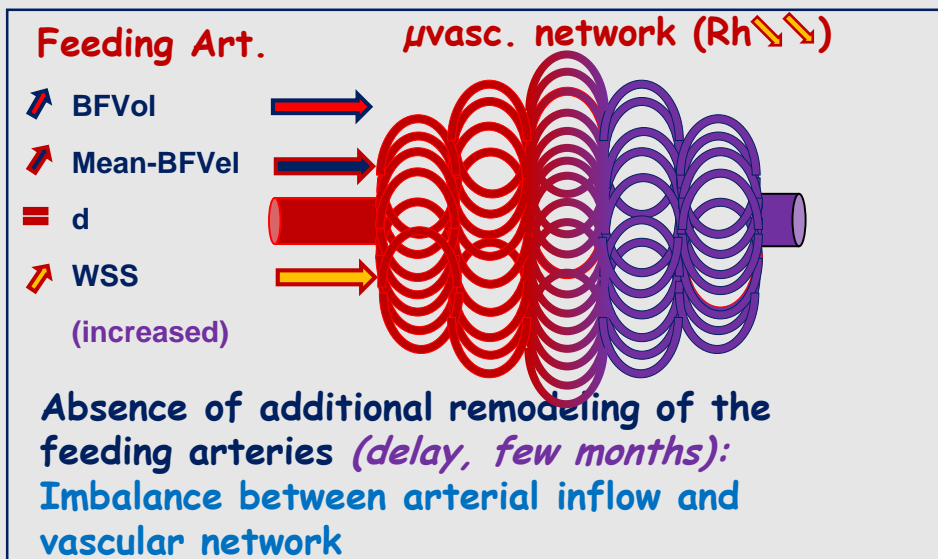
Presence of a sAVM

Stable diseased vascular lesion



Presence of a sAVM

Progressive diseased vascular lesion





Patients & Methods: prospective blinded study,

25 patients with AVM of the lower part of the face (lips, cheek and mandible)

13 stable AVM, **12 progressive AVM,**

judged on absence/presence of a clinical/radiological progression
6 months before and 6 months after the Doppler examination.

compared to

15 previously operated patients for AVM resection (>6 months)

15 healthy controls.

Doppler-ultrasound examination of the ipsilateral and contralateral:

Common carotid arteries,
Internal carotid arteries

External carotid arteries
Facial arteries (+/- mandibular a.)

Inner diameters
Blood flow velocities

(d, **M-mode**)
(spatial-averaged-time-averaged Mean BFVel,
pulsed-Doppler)

Calculation of **Blood flow Volumes:**

$$\text{BFVol} = \pi \cdot r^2 \cdot \text{Mean-BFVel} \cdot 60$$

Calculation of **Wall Shear Stress:**

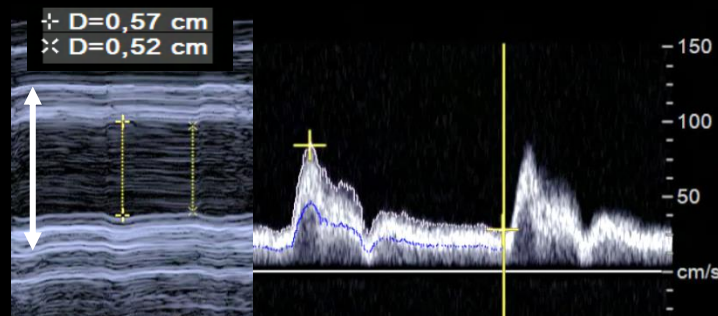
$$\text{WSS} = 8 \cdot \mu \cdot \text{Mean-BFVel} / d$$



Hemodynamic modifications upstream in the native afferent arteries

Right sided AVM of the superior lip

Com.Carot.Art.



Volume Flux=0,311 l/min
D=0,54 cm
S=0,23 cm²
MTMn=22,6 cm/s

WSS = 11,5 dynes/cm²

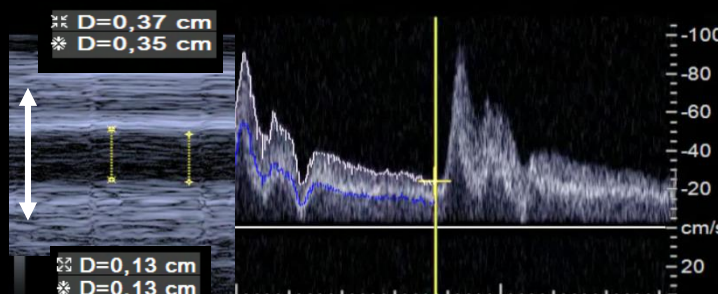
Nal:

285+/-68 mL/min

9,5+/-2,0 dynes/cm²

ipsilateral side

Ext.Carot.Art.



Volume Flux=0,131 l/min
D=0,36 cm
S=0,10 cm²
MTMn=21,5 cm/s

WSS = 16,7 dynes/cm²

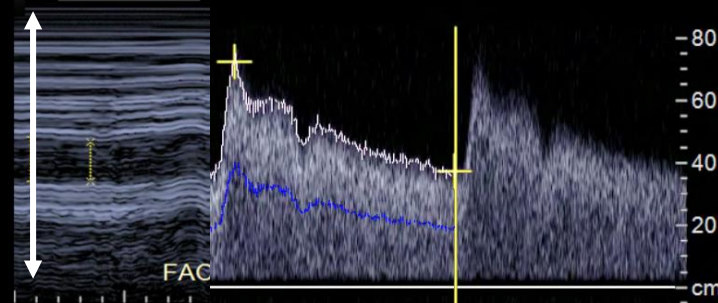
Nal:

116+/-34 mL/min

8,8+/-2,9 dynes/cm²

(1cm)

Facial Art.



Volume Flux=0,030 l/min
D=0,16 cm
S=0,02 cm²
MTMn=24,8 cm/s

WSS = 53,4 dynes/cm²

Nal:

12+/-9 mL/min

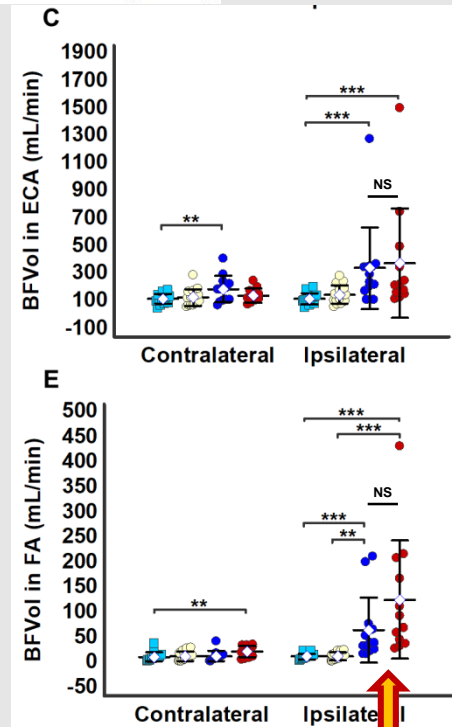
21,6+/-5,8 dynes/cm²



Results:
prediction of progression

- Controls (n=15)
- Operated sAVM (n=15)
- Stable sAVM (n=13)
- Progressive sAVM (n=12)

** p<0,005, *** p<0,001



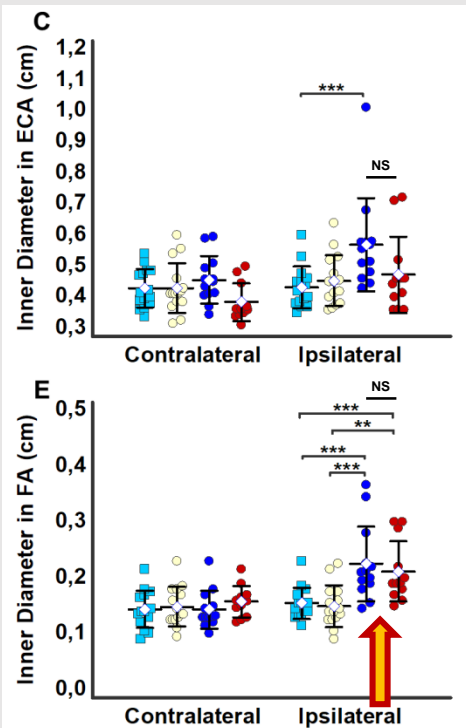
1. BFVols
were +/-
identical



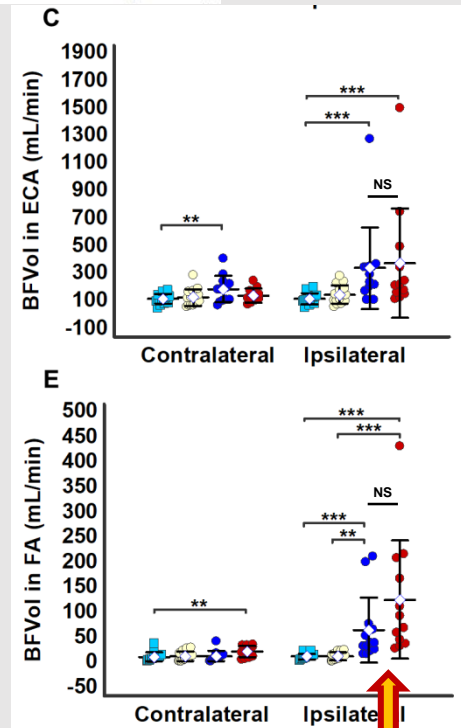
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2. arterial remodeling
was +/- identical
in stable and
progressive



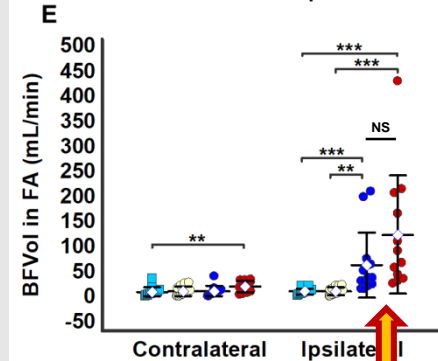
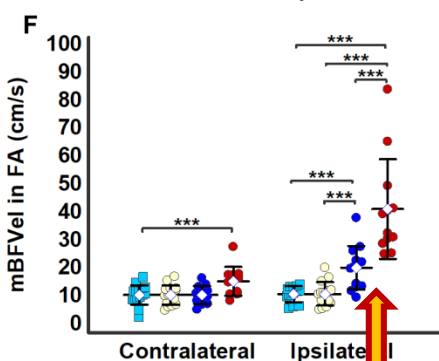
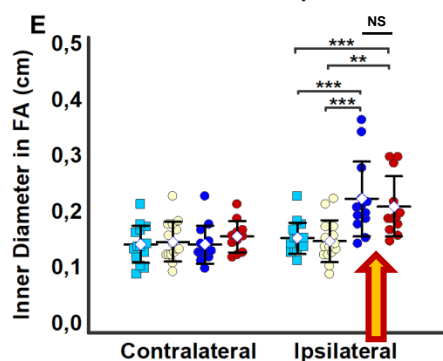
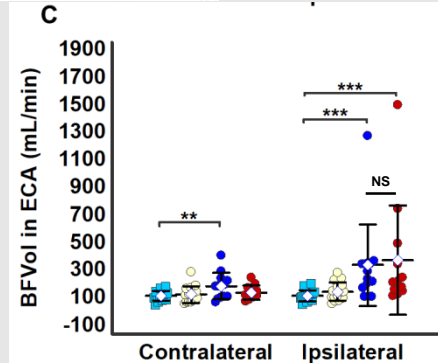
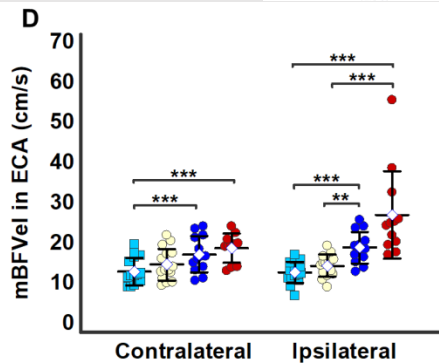
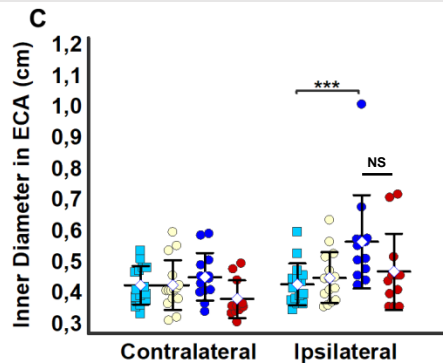
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Results: prediction of progression

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2. arterial remodeling
was +/- identical
in stable and
progressive

3. BFVels were increased
in progressive

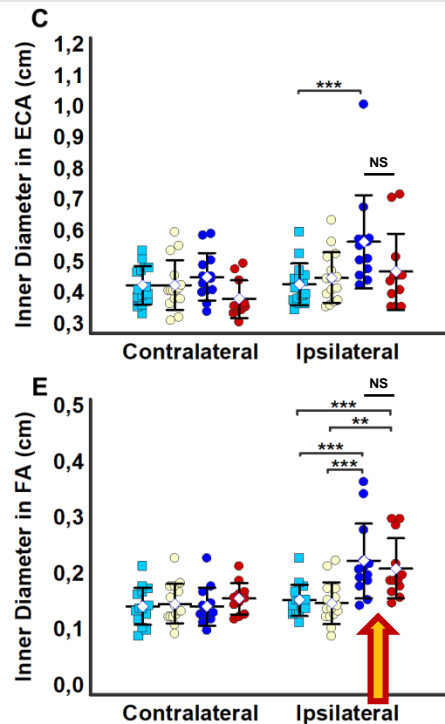
1. BFVols
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identical



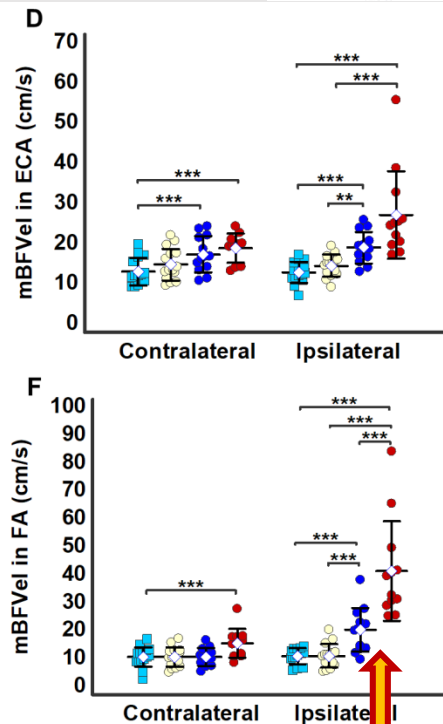
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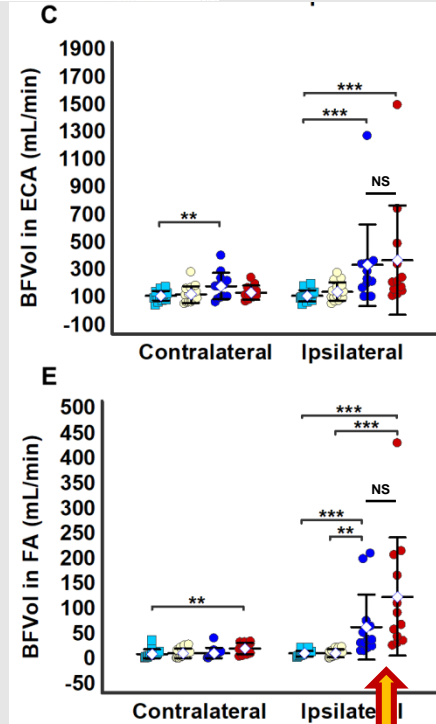
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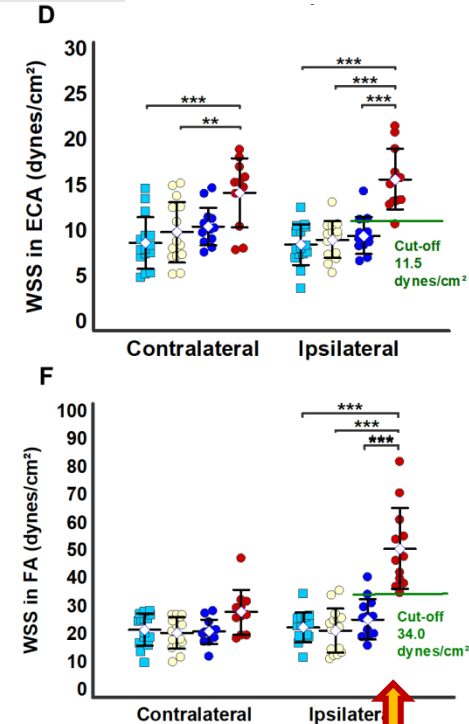
2. arterial remodeling was +/- identical in stable and progressive



3. BFVels were increased in progressive



1. BFVols were +/- identical



4. WSS better discriminate between stable and progressive

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- **WSS in ECA:** cut-off of **11.5 dynes/cm²** sensitivity of **92%** specificity of **92%**
AUC: 0.955, [95%CI: 0.789–0.998] (p<0.0001).
- **WSS in Facial Artery** cut-off of **34.0 dynes/cm²** sensitivity of **100%** specificity of **92%**
AUC: 0.974, [95%CI: 0.819–1.000] (p<0.0001).

Conclusions:

- Why arterial Shear Stress is “regulated”, “adapted” in the arteries ?
to decrease the afterload of the left ventricle :
+/- equivalent of a system of economy of energy to perfuse the organs and tissues.
- WSS, determined once in the afferent arteries upstream from an abnormal vascular networks represents a reliable predictive and prognostic biomarker of progression.
- Such measurements can be performed easily using Doppler ultrasound examination of the afferent arteries.
- WSS measurements may assist the clinician in determining when to administrate the appropriate treatments (aggressive ?surgical resection? **vs** conservative).

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*Thank you
for your attention*

*El Sanharawi I, et al.
Wall shear stress in the feeding native conduit
arteries of superficial arteriovenous malformations of
the lower face is a reliable marker of disease
progression.
Ultraschall in der Medizin 2018 doi: 10.1055/a-
0729-2728.*

