

**PP23 PULMONARY
ARTERIOVENOUS
MALFORMATIONS: THE RED AND
BLUE DEADLY POOL – A CASE
REPORT**

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Pulmonary arteriovenous malformations (PAVMs) are uncommon vascular malformation with direct capillary-free communication between the pulmonary and systemic circulations. Patients generally are asymptomatic but when they do become symptomatic with 20-65% exhibiting pulmonary symptoms, they usually present with dyspnea, fatigue, and hypoxemia (1). PAVM commonly comes hand in hand with autosomal dominant hereditary haemorrhagic telangiectasia (HHT) disorder. A myriad of complications from this abnormal vascular communication can occur with cerebrovascular accidents, brain abscess, and hemothorax to name a few. We present a 75 - year - old female with a rare case of PAVM who presented with dyspnea and cough. Amid the current pandemic, medical history, clinical criteria, and

imaging narrowed down few differentials linked to pulmonary conditions such as pulmonary embolism and COVID-19 infection. CTPA performed revealed a left upper lobe arteriovenous malformation with thrombus within. Patient was subjected to an emergent definitive airway and underwent anticoagulant therapy. She was planned for embolization therapy but was then discharge against medical advice. In comparison to surgical intervention such as lobectomy, percutaneous embolotherapy utilising coils or balloons is currently the most recommended treatment modality because it is reasonably safe and minimally invasive. Proper imaging, guided by clinical suspicion can be extremely helpful in diagnosing and treating this rare entity