

**P-117 A Case of Preoperative Embolization for Aggressive Hemangioma**

○ Shota Morii<sup>1</sup>、Noritaka Seino<sup>2</sup>、Fukiko Miyoshi<sup>2</sup>、  
Makoto Hasegawa<sup>2</sup>、Nobuyuki Takeyama<sup>1</sup>、  
Kouta Watanabe<sup>1</sup>、Yuya Murase<sup>1</sup>、Kouhei Fukuya<sup>1</sup>、  
Sakiho Yamamoto<sup>1</sup>、Hidefumi Fujisawa<sup>1</sup>

<sup>1</sup>Department of Radiology, Showa University Northern Yokohama Hospital, Kanagawa, Japan

<sup>2</sup>Department of Radiology, Showa University Koto Toyosu Hospital, Tokyo, Japan

Vertebral hemangioma is a benign bone tumor caused by abnormal vascular proliferation and the most common benign tumor among spinal tumors. Rarely, it forms a mass lesion extending inside and outside the bone, known as aggressive hemangioma, accounting for approximately 1% of vertebral hemangiomas. We report a case of aggressive hemangioma treated with preoperative embolization. A woman in her 70s presented with a 4-month history of sensory disturbances in the trunk and difficulty walking. MRI revealed a mass at Th4 with severe thoracic vertebral compression. Imaging showed tumor extension into the spinal canal, and emergency surgery was planned. Due to the hypervascular tumor, preoperative embolization was performed. The left intercostal artery branching at the Th7 level was selected via right femoral artery access, and two medial feeders were embolized with gelatin sponge particles. Similarly, vessels branching from the left 5th intercostal artery were embolized. While small branches were also identified, significant reduction in tumor blood flow was achieved, and the procedure was concluded. The following day, tumor resection was successfully performed by the orthopedic department. The pathology diagnosis confirmed vertebral hemangioma. Postoperatively, although sensory impairment persisted, gait disturbance and balance function improved.