Cerebellar Arteriovenous Malformation Outcome

Cerebellar Arteriovenous Malformations represent an important subgroup of patients due to their higher risk for morbidity and mortality than supratentorial arteriovenous malformations.

Cerebellar AVMs are unique in their natural history, having a greater annual risk for rupture and being more technically challenging to resect because of their close proximity to the brainstem and vital blood supply.

In terms of angioarchitecture, they possess a proclivity for deep venous drainage, adding another complicating factor to their management.

Due to the relatively small volume of the posterior fossa and their proximity to the brainstem, rupture of cerebellar AVMs may quickly result in devastating neurological consequences.

Arteriovenous malformation (AVM)-related aneurysms supported by numerous reports is that these aneurysms should regress if the AVM is excluded from the circulation.

A case of 46-year-old man who presented with a posterior fossa AVM with an aneurysm on the posterior inferior cerebellar artery feeding the AVM. The nidus of the AVM was successfully excluded by glue embolization, with initial regression of the PICA aneurysm on serial imaging. Five years after the endovascular treatment, the aneurysm showed significant re-growth necessitating endovascular coiling. This case presents the re-growth of an AVM-related aneurysm and emphasizes the importance of long-term follow-up of such aneurysms even if the AVM is completely excluded ¹⁾.

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Al-Jehani H, Tampieri D, Cortes M, Melançon D. Re-growth of a posterior inferior cerebellar artery aneurysm after resection of the associated posterior fossa arteriovenous malformation. Interv Neuroradiol. 2014 Jan-Feb;20(1):61-6. Epub 2014 Feb 10. PubMed PMID: 24556301; PubMed Central PMCID: PMC3971143.

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